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BARRIERS TO PARTICIPATION IN FEDERAL ASSISTANCE PROGRAMS

HEARING

BEFORE THE

SELECT COMMITTEE ON HUNGER
HOUSE OF REPRESENTATIVES

ONE HUNDREDTH CONGRESS

FIRST SESSION

HEARING HELD IN BALTIMORE, MD, OCTOBER 2, 1987

Serial No. 100-16

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*Effective July 13, 1987.

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BARRIERS TO PARTICIPATION IN FEDERAL ASSISTANCE PROGRAMS

FRIDAY, OCTOBER 2, 1987

House of Representatives,
Select Committee on Hunger,
Baltimore, MD.

The select committee met, pursuant to notice, at 10:05 a.m., Strawbridge United Methodist Church, Baltimore, MD, Hon. Mickey Leland (chairman of the committee) presiding.

Members present: Representatives Kostmayer, Espy, Mfume, Emerson, and Gilman.

Also present: Representative Cardin.

OPENING STATEMENT OF HON. MICKEY LELAND, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Chairman Leland. Because of time constraints, we are going to have to begin right away.

We are here at Strawbridge United Methodist Church, and we are very happy to be here. This is a very nice facility and a very fitting place for this hearing.

I understand that one of the main parts of the ministry is, of course, to serve hungry people food on a daily basis, and we are very, very happy to have been invited to come here, not only by our friend and colleague, Mr. Mfume, but also by Pastor Johnson.

Pastor Johnson, I understand that you would like to say a few words to the committee.

STATEMENT OF CHARLES A. JOHNSON III, PASTOR, STRAWBRIDGE METHODIST CHURCH, BALTIMORE, MD

Mr. Johnson. Good morning to everyone, to the Congress people who are assembled, members of the Select Committee on Hunger, and to those members of the Maryland Food Committee, friends and colaborers in the war on hunger.

It is all together fitting and proper that this meeting to sensitize spirits and raise consciousness take place at such a time as this. In the month of October, throughout this city and across this Nation, so many factions will gather to dispense food to the hungry and to dispel ignorance among the unknowing and to recruit, to enlist, rather, new recruits to battle the unnecessary proportions of hunger.

It is also fitting and proper that this group of people committed to this work should meet at this place, Strawbridge United Methodist Church, which holds fast to the principles espoused by its founder and its leader.

Indeed, we have been anointed to feed the hungry and to preach glad tidings and liberate and to claim the acceptable year of the Lord. Our mission here is not limited to the singing of the popular refrain, "Lord in Heaven, Bread of Heaven, Feed Us Till We Want No More", but our mandate is to recognize all possible resources and in order to usher the bread in, to bake the bread up, and to serve the bread out.

It is also fitting and proper that your organization, populated by persons of various colors and creeds and cultures, should be hosted by this church family. For 106 years, this ministry has been committed to its neighborhood's residents and its dissidents, to those who live in luxury and to those whose existence has been least, lost, last, belittled and left out.

As one of the oldest churches in the city with one of the youngest pastors in the city, we are marching to a new decade proclaiming power to the weak, proclaiming pride to the disinherited, and establishing prosperity to those without.

So, it is in that spirit and in that light and in the love for that labor that I bid you all welcome and I pray every success for all your endeavors.

Chairman **LELAND**. Thank you so much, Pastor.

We will now convene the official part of our hearing.

Let me first recognize that I understand Greg Gill is here. Greg is representing Congressman Steny Hoyer, our friend, who is also a Marylander. Greg is over here. Thank you for being here.

Let me wish all of you a very good morning. I am Congressman Mickey Leland. I am Chairman of the House Select Committee on Hunger. I would like to thank Congressman Mfume, who is not only a good friend, but who has already established himself as a great leader in Congress.

We just finished the Congressional Black Caucus Weekend and no one member of the Congressional Black Caucus was more prominently recognized than was your Congressman, and we are very happy that you would send a man so wise, so strong in his leadership, to us to help us in Congress. One of the first requests that he made when he joined Congress was that he should become a member of the Select Committee on Hunger. We are very happy to have him there.

Thank you so much for giving us your Congressman.

Mr. Mfume, we want to thank you for inviting us, the committee, to the Seventh Congressional District of Maryland today to receive testimony on important issues of Barriers to Participation in Public Food Assistance Programs in Baltimore.

On Wednesday, the committee held a hearing in Washington to examine efforts to simplify and better coordinate major public assistance programs, largely, by the way, led by our ranking minority member, Mr. Emerson, who you will meet in just a minute.

During the proceedings, it became clear that many States have reached their limit on what they can do to better integrate programs within the welfare system. As a result of this impasse, the client is often confronted with obstacles which preclude their participation in assistance programs for which they may be eligible.

Reducing the complexity of the system, however, is not the only obstacle we see preventing participation in these programs.

The committee has come to Baltimore today to hear first hand from those who operate, evaluate, and supplement the public assistance programs, how the complexity of the system and other barriers thwart needy individuals from fully participating in federally-sponsored public assistance programs.

In the 1970's, Maryland was on the verge of eliminating hunger from its list of problems. Today, however, hunger amongst Marylanders is a very real and growing concern. Just 10 years ago, the use of food banks and food pantries was minimal. Today, their use in Baltimore and throughout the State has increased dramatically.

This situation is being echoed around the country. The President is continually reminding us of the economic revitalization taking place in this Nation. Things may be getting better for some; however, the low income and economically disadvantaged of this Nation are not on the receiving end of this economic resurgence. Instead, they are being removed from the public assistance rolls by administrative and social barriers. That is what we want to examine here today.

Therefore, it is up to the members of this committee to bring the messages that you will convey to us back to Congress and then respond with appropriate action. We can no longer accept a public assistance system that would rather serve administrators' needs than clients' needs.

I would like to welcome our distinguished witnesses here today to what I believe will be a very enlightening proceeding.

Let me just say, first, as I introduce my colleagues, also that it is rather unusual in a field hearing that we would have such great representation from our committee. It is, I think, a commendation to your Congressman that so many of us would participate today, and as chairman of the House Select Committee, I am most proud, particularly when you realize that we have recognized at the very beginning of our committee's institution that hunger is a problem throughout the world, not a partisan problem, a problem that must be addressed by both Democrats and Republicans alike.

Let me introduce the new vice chairman of the House Select Committee on Hunger, the Honorable Bill Emerson from Missouri. Representative Emerson has been on the committee from its very inception, and has worked extremely hard with other members of the Hunger Committee to alleviate hunger, in the United States and in other parts of the world.

This is his maiden Select Committee on Hunger field hearing as vice chairman. So, please welcome our colleague, and let me now recognize him for his opening statement.

Mr. Emerson.

[The prepared statement of Mr. Leland appears at the conclusion of the hearing, see p. 55.]

OPENING STATEMENT OF HON. BILL EMERSON, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MISSOURI

Mr. **Emerson**. Thank you very much, Mr. Chairman, and particularly for those kind words, and I want to thank Congressman Mfume for having us here today.

I want to welcome the distinguished witnesses that we are going to be hearing from because I am sure they will be able to provide us with valuable information on the problems that they face in administering Federal assistance programs.

You know, the Select Committee on Hunger has held a number of hearings over the years on the need for coordination and the simplification of Federal assistance programs. This issue is of great interest and concern to me, and I think it is a very basic one.

The Federal Government operates 95 assistance programs for needy people. However, these programs are under the jurisdiction of several different committees in the Congress, different departments and agencies of the Government, different State and local agencies by which they are administered.

Some of this disparity is understandable because of the nature of the individual programs, but for the major income and food assistance programs, it seems to me that the lack of coordination and the resolution of the differences that exist is extremely troublesome.

When a family is in need of assistance, that need is often found to cross existing program lines. The need for income aid often means the need for food, for housing assistance, for medical assistance, for transportation, for heating assistance, and for some help in finding and keeping jobs.

The hurdles that families have to scale in applying for this help are, indeed, immense. They often have to go to different agencies in their home counties or cities. They have to meet different eligibility standards and abide by different and sometimes very conflicting rules and regulations, and I know that the administrators of these programs, both in the State and the Federal level, have similar difficulties with the structure.

The resolution of differences among programs is often not within their ability to achieve. They feel, I think, in many cases that they just have to live with all of this confusion.

Many efforts have been made by administrators to reconcile these differences to coordinate and to simplify assistance programs, and maybe they have gone as far as they can go, and I think that is the fundamental reason for which this committee is here—to get some good practical understanding from the witnesses who are going to be talking to us today about how we may go about simplifying and making better sense out of the programs that do exist.

Thank you, Mr. Chairman.

Chairman **Leland**. Thank you, Mr. Emerson.

Let me now recognize the gentleman from Maryland, Mr. Mfume.

OPENING STATEMENT OF HON. KWEISI MFUME, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

Mr. **Mfume**. Thank you very much, Mr. Chairman.

I want to thank you for those kind remarks also, and simply say, and I know I express this on behalf of all the members of the committee, that we are inspired by your leadership and your sensitivity to this problem and that we are glad, particularly, to serve on this committee, but even more so under your leadership.

Many of you do not know and some of you do know that Mickey Leland has been in the forefront of this problem for some time, and his presence here today, as is the case with the presence of our ranking minority member, Bill Emerson of Missouri, is a testament to that.

I feel particularly happy, given the fact that this is the first field hearing that I have attempted to conduct, to have both the Chair of the committee and the ranking minority member to join us here today for that, and again I think it says something about their will and their commitment to this serious problem that affects all of us here in this Nation and certainly affects us here in the Baltimore area.

I also want to thank my fellow members of the committee for being here today, all of whom have great schedules and commitments all over the place, but who responded in the affirmative when asked and who are here today also because they know and understand the realness of this problem.

In fact, we have gone out as a committee to other parts of the Nation and it is not something that is isolated to Baltimore but something that happens too often, I think, in our country, and as you know, today, we are going to look at barriers that exist and, hopefully, try to identify those barriers that we might be able to do something about.

I also want to thank Reverend Johnson for accommodating us here today at Strawbridge United Methodist Church and for the church's continued efforts at operating its food pantry and for being as they have been a stalwart in a storm when we talk about hunger here in this community.

Today, as we examine the subject area of Barriers to Participation in Federal Food Programs, I hope that we will be moving closer to the problem of addressing hunger in this Nation all together. It is believed that some 20 million Americans suffer from hunger and, yet, we all know America is not a poverty-stricken Nation. This Nation has the resources and the ability, I think, to end hunger, simply if we wish to do so, and what I think that is necessary to do that is, in fact, political will.

However, the problem of hunger still increases, even as we sit here today, to analyze this one aspect of many problems that exist concerning it. Nearly 32½ million Americans live below or near the poverty line. The poverty line, as you know, is $11,203 for a family of four.

Since 1979 alone, the number of Americans living in poverty has increased by 6½ million. Statistics show that while the number of Americans who live in poverty has increased, two things are particular. Food stamp participation has essentially remained the same and fewer students receive school lunches.

In fact, in the United States, we happen to be the only industrialized nation where children make up the largest segment of the poverty population. Almost 40 percent of U.S. poverty population statistics reflect themselves as persons under the age of 18.

Still, the political will necessary to address the problem of hunger in this Nation does not, in many respects, exist to the extent, I think, that it should. In fact, this year's budget proposals for the fiscal year 1988 budget call for more than $1 billion in nutrition program cuts.

This would cause nutrition programs to bear just about one-third of all proposed spending cuts, although they constitute only one-ninth of the Federal budget.

We have heard claims that the truly needy are being served, and I would argue and maintain that anyone in this Nation who goes to bed hungry is truly needy. The status of hunger in this Nation as it is today, the work of this committee, this Select Committee on Hunger, and groups like the Maryland Food Committee, and the Emergency Food Pantries and soup kitchens that exist have never been more critical.

In our State alone, there are more than 700,000 men, women, or children living near or below the poverty level. The Government's Task Force on Food and Nutrition reported in 1985 that there was a doubling to tripling of the demand for food pantries and soup kitchens in the previous 5 years, and at the same time, Federal entitlement programs, like school meals and food stamps, were underutilized, which is as much as $75 million a year loss to prospective clients and to the Maryland economy alone.

The barriers to participation that exist pose a serious threat, we think, to an already threatening problem. These barriers include program complexity, insufficient knowledge of programs and eligibility, eligibility criteria problems, illiteracy, client transportation costs, and the stigma associated with program participation for some people.

These problems are further heightened by the lack of communication and coordination among some of the administering agencies.

So, today, what we really want to do is to move closer to eliminating those barriers, identifying them and, hopefully, through administrative procedures doing away with them all together.

Our witnesses have worked long and they have worked hard with these problems, and I look forward, as do the other members of this committee, to hearing their testimony today.

Maryland is committed to ending hunger in America and has established a record of providing some critical services with State funds that were previously paid for with Federal dollars.

With reference to school meals and food stamps, elderly nutrition and the WIC Program, Maryland has acted to close many of the gaps that have been created by Federal cut-backs. Maryland also has the first and only pilot program for WIC credit cards. This pilot is designed to provide relief from the paper work and to lower the administrative costs that are associated with it.

I am sure we will be hearing more about that as we hear testimony today, and, so, it is my hope that through this hearing, we will move closer to the goal of assuring adequate food and nutrition to all the citizens of this city and this State, and, in fact, hopefully, all the citizens of this Nation.

It is a monumental problem. The challenge does not come lightly. It is not accepted lightly and, again, I thank all of you for your commitment to doing away with it.

With that, Mr. Chairman, I will yield back the balance of my time.

[The prepared statement of Mr. Mfume appears at the conclusion of the hearing, see p. 56.]

Chairman **Leland**. I thank the gentleman from Maryland.

Let me just say that long before I got to Congress, there was a person in the Congress who was beating a drum to try to get the Congress to pay attention to hungry people everywhere in the world. He was inspired by the late entertainer, Harry Chapin. Responding to Mr. Chapin's drum beat, this gentleman and I worked together successfully for the passage of a resolution to create the House Select Committee on Hunger.

That person is here with us and he is a Republican, and I say that very pointedly because some people tend to feel that Republicans do not care about hungry people. His presence here today along with Representative Emerson is evidence of the fact that Republicans do care and that this is a nonpartisan issue. The gentleman whom I am referring to is Representative Benjamin Gilman from New York. We are very pleased to have him here with us today.

Ben Gilman.

OPENING STATEMENT OF HON. BENJAMIN A. GILMAN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW YORK

Mr. **Gilman**. Thank you, Mr. Chairman.

I want to wish everyone a good morning and thanks for being with us today.

I want to thank our good chairman, the gentleman from Texas, Mr. Leland; the gentleman from Missouri, our vice chairman, Mr. Emerson, for arranging this hearing; and we give thanks, too, to our new colleague, Mr. Mfume, for encouraging our committee to come to Baltimore to dig into this very important vital issue that requires the committee's full attention.

In my district and throughout the Nation, barriers to participation in Federal assistance programs could prevent many of our citizenry from meeting some of the basic services that we have always associated with our Nation and that we made available at the Federal level.

The ability to concentrate in school, the mere ability of our seniors to eat a normal, nutritious meal, the ability to say that we live in communities where children are now showing signs of malnutrition that are normally associated with the Third World have been taken for granted by Americans for some years now.

How can there be hunger in the Nation that is the world's largest food exporter? Recently, our select committee learned that there is hunger among our farmers themselves, and these, I am certain, will be questions that historians will no doubt use to probe the ethics of our period.

In my own district in New York, the 22nd Congressional District, we find that seasonal farm workers are particularly in need of guidance and assistance in learning how to participate in the Federal assistance programs that are available. The transient nature of their lives and limited health and social services have led to high infant mortality rates and a lower life expectancy.

Seasonal farm workers are sometimes better off but still are unemployed for large portions of the year. They have little job security and often have difficulty gaining access to the Federal social assistance programs, and that access factor applies to many segments of our society.

Not too long ago, our committee went into Metropolitan New York and we found that many areas in our population, the seniors, the children, the expectant mothers, just weren't aware of the facilities and services that were available to them. We were not doing enough with regard to outreach.

Accordingly, Mr. Chairman, along with our colleagues, I am particularly interested in learning from our distinguished panelists today about the special problems that affect this issue of accessibility and the effectiveness of the programs that are out there. Programs that are designed to improve the living conditions of those vulnerable and often isolated segments of our society.

Thank you, Mr. Chairman.

Chairman LELAND. I Thank the gentleman from New York.

Just a couple of months ago, we were in the Mississippi Delta at the request of one of the newest members of the Congress of the United States and also a new member of the Select Committee on Hunger, the Honorable Mike Espy.

We are delighted to have Mike with us on the committee.

As a member of both the Agriculture Committee and the Budget Committee he has worked very hard, and like Congressman Mfume, he has made a very impressive name for himself.

So, we are happy to have him with us today, and let me now recognize the gentleman from Mississippi, who is also the first black to serve in Congress from Mississippi since reconstruction and the first black every to serve on the Agriculture Committee, Mr. Espy.

OPENING STATEMENT OF HON. MIKE ESPY, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MISSISSIPPI

Mr. ESPY. Thank you, Mr. Chairman, and I certainly appreciate those kind words, it is through Mickey Leland's leadership that we are here, and through his leadership and the leadership of the minority ranking member of this committee that we begin to attack this problem, this severe problem of hunger.

Mr. Chairman, I know that we have a tight schedule, I do not have a formal statement, but in lieu of that, I just would like to make a couple of brief comments.

First of all, I want to thank Congressman Kweisi Mfume for inviting us here to Baltimore. A lot of kind things have been said about him already, and although kind, they are no less true. They are very true, as a matter of fact.

I have served with Congressman Mfume in the Congress now for about 10 months, and we are both freshmen, and we sort of watch each other. You know, we always knew that Kweisi would have some difficult shoes to fill. We certainly are aware of Congressman

Parrin Mitchell's record. He was a national leader, and everybody thought that Mr. Mfume would have some difficulty filling those shoes, but I can tell you from where I sit, those shoes fit him very snugly.

Even though he has got to walk his own path, those shoes fit him very tightly, and they have not lost any of their luster. Not only has he exercised great leadership on this committee, the Select Committee on Hunger, but as you know, and I am sure I am singing to the choir here, he also serves on the Banking Committee and Small Business Committee very, very ably. He is serving you very, very well.

I want to also thank Congressman Mickey Leland for engaging in field hearings such as this. You know, you cannot sit in the ivory towers in Washington and the Cannon Building or the Longworth Building and try to make policy that will affect peoples' lives. You have got to get out to see whether the policies that have been enacted are being implemented, and whether or not they are being implemented effectively.

Mr. Leland mentioned that the last field hearing we held was in my district in Mississippi. In fact, Rome, MS. It just strikes me that the Rome, MS, and Baltimore could not be any more different than each other.

First of all, we drove up here this morning and we passed subways and all of that and Rome, MS, there might be 350 people in the entire town, and just in this block, Mr. Chairman, we have 350 people.

Of course, Baltimore is very urban and my district is very rural. My district is agricultural, as we drove this morning I did not see a single farmer as we passed through the inner city of Baltimore, and, so, there are a lot of differences.

But just as many differences as we can identify, there are as many similarities. My district is very poor. There is a lot of poverty. There is a lot of hunger, and, ladies and gentlemen, if there was no hunger in Baltimore, we would not be here. So, there are a lot of similarities, and we are here to see what we can do, to talk about barriers to participation in Federal assistance programs, and being from Mississippi, we know a lot about barriers. We know a lot about overcoming those barriers.

Let me say again, I would like to thank Congressman Mfume for inviting us here. I want to thank him for his leadership, particularly not just in this area, but in every area, and thank the Chairman for leading us here.

Chairman LELAND. Let me just say that you are most fortunate to have the members here today.

One of the committee's most active members is the member from Pennsylvania. The Honorable Peter Kostmayer of the Select Committee on Hunger. Pete Kostmayer goes when he is asked to go to the far reaches of this country and the far reaches of the world to see what is going on in areas like Baltimore and in the Mississippi Delta or in Ethiopia and places like that. Everywhere that he has been able to go, he has gone to investigate the problems of hunger. He is also a specialist on population growth. The committee is truly fortunate to have his valuable input, in our investigation of hunger in the United States and the world, because he adds another dimension to our inquiries.

When we discuss population, there is none better, none more expert in the area of population than Pete Kostmayer. I consider him to be a very good friend. He was in Congress before I got there, and I have watched him—when I first got to Congress he was invaluable to me in terms of advice and imparting his wisdom to me and today we are happy to have him with us. Pete, thank you for always being there when we need you and to show up in a place as close as Baltimore or in a place as far away as Ethiopia.

The gentleman from Pennsylvania, Mr. Kostmayer.

OPENING STATEMENT OF HON. PETER H. KOSTMAYER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF PENNSYLVANIA

Mr. KOSTMAYER. Well, thank you, Mr. Chairman, very much, and you said that we do have a large turn-out, although I am glad it is not any larger than it is. If we have to have any more speeches about how wonderful we all are here, I do not believe we would ever get to the hearing.

You know the Members of Congress just hate to say bad things about one another. We are all up here behind the same table. We cannot get off the stage very quickly if we do say anything bad about one another, but it is a pleasure—it is a pleasure to be here, and it is a pleasure to be in Baltimore, and it is a pleasure to be in Congressman Mfume's district, who has been in the Congress for about 10 months, I have been in the Congress for about 10 years, but I have been very impressed with him and with his hard work, with his intelligence, and with his serious attitude toward the problems affecting his district and his city and his State and his country, and it is a pleasure to be here in his district and to serve with him.

Congressman Espy told you a little bit about his district in Mississippi, one of the poorest in the country. I come from one of the wealthiest districts in America, Bucks County, Pennsylvania, the suburbs of Philadelphia. This is not a problem which is limited to poor people; this is a problem of hunger which concerns all of us, and it ought to especially concern the most fortunate among us because it is not a problem for Democrats or for Republicans or for poor people or for rich people, it is an American problem, and I am glad to be here, especially in Congressman Mfume's district to participate in the problem and I am especially glad to be, I believe, the last speaker before we begin our hearing.

I fear I am not as glad as all you are.

Chairman LELAND. Very good, Pete. Thank you so much.

I understand that we have some last-minute changes, let me acknowledge them. I apologize if that creates any problems for any of the members here and also those of who you have come to witness this hearing.

Let me now commence the proceedings by calling forward our first panel of witnesses. Larry Hunt, Melvina Ford, Joan Weatherholtz, and Steve Rohde.

Mr. Hunt is the executive director of the Income Maintenance Department for the, I presume, Maryland Human Resources Department. A position he has held for some time now.

Ms. Ford is the director of Maryland's WIC Program. From the Department of Education, we have Joan Weatherholtz, the branch chief of the Education Support Services. Mr. Rohde is the director of the Baltimore City WIC Program.

The committee is most pleased to have all of you here today, and we want to welcome you and thank you for your participation. I presume Mr. Hunt will begin the proceedings.

Mr. Hunt.

STATEMENT OF LARRY HUNT, EXECUTIVE DIRECTOR, INCOME MAINTENANCE DIVISION, REPRESENTING RUTH MASSINGA, SECRETARY, MARYLAND DEPARTMENT OF HUMAN RESOURCES

Mr. Hunt. Mr. Chairman and members of the——

Chairman Leland. Let me, before you speak, Mr. Hunt, let me advise you that, all of you that, because of time constraints, we would appreciate it if you would summarize your testimony, and without objection your full testimony will be submitted for the record, and you may proceed, Mr. Hunt, please.

Mr. Hunt. Mr. Chairman and members of the committee, it is a pleasure to be here and we thank you very much for your coming to Baltimore to give us this opportunity to discuss this very critical issue with you.

I am representing Secretary Massinga and presenting her testimony today. You have the full text of the testimony, but I would just like to highlight a few things.

We realize that the reason for the hearing today is to discuss the continuing problems we have in feeding hungry people in the State of Maryland and the rest of the country. We would like to take this opportunity to accentuate, first of all, some positive kinds of things that have occurred in this area.

In particular, we want to mention the growth of the Food Stamp Program and its current status and America's efforts to protect Maryland's—the country's citizens from the ravages of poverty.

To my way of thinking, the Food Stamp Program provides one of the best examples of how Government can act and has acted to have a direct impact on a serious social problem.

In the early 1960's and 1970's, a need for a national effort to combat hunger was demonstrated. In addition to planning for substantial expenditure of Federal resources, this new program would have had to have been designed with a strong foundation in fiscal accountability and administrative capacity to be responsible to the needs of individuals and to the integrity of the programs.

It is to the credit of lawmakers and administrators that the Food Stamp Program was successfully designed with the essential elements necessary to sustain its growth, and now the Food Stamp Program stands as one of our truly significant national accomplishments. It is, aside from the Social Security and Supplemental Security Income Programs, the only welfare program in which we apply national standards in every State.

Another positive indication that we are headed in the right direction is the current welfare reform movement. This movement has brought some critical issues concerning poverty and the people who live in poverty into the focus of national attention. Intergenerational welfare dependency and wide State differences in public participation levels are problems that exist to a much greater extent than they should in a country with the resources and the problem-solving energy that we have.

We really urge that every effort is made in the Congress to integrate into the final welfare plan a coordinated reform of the major federally financed program that directly affects the poor.

We now need to have the same resolves in addressing the whole problem of welfare reform that we saw during the development of the Food Stamp Program.

I would like to discuss a few issues that concern us in the current operation of our department's programs. Some of these issues translate into barriers to participation for certain of our clients and, therefore, cause us great concern.

I think it is helpful to separate these issues into two categories. First, those which evolve from the nature of the welfare system and, second, those which are policy focused.

Heading the first category are the related problems of a negative image of the Food Stamp Program, in particular, and welfare programs, generally, and the stigma some poor people attach to these programs.

Earlier in the current administration's term in office, the Food Stamp Program and the AFDC Program were used as prime examples of run-away Federal spending. The result of this exaggerated political rhetoric has been that there has been considerable damage to these programs in the public mind, especially and critically among the elderly.

This negative image leads to the reluctance on the part of many people, particularly the elderly people, to participate in these programs, both from the standpoint of a visit to a department of social services and also from the standpoint of the difference that is made in that person as they use food coupons as they go to a store.

It may seem simplistic to say that a change in attitude on the part of government is a solution to this problem, but it is probably a big part of the answer. The message contained in the National Ad Council's Food Stamp Campaign, which said that the Food Stamp Program—which said that with the Food Stamp Program, America has made a place at our table of plenty for you, should be the same message that we hear from our government leaders.

Another issue we deal with daily is the treatment that applicants and recipients receive in our local departments. Sometimes, the application for assistance is a painful experience for people. In Maryland, we have taken a number of steps, concrete steps, to address this problem.

We have trained our staffs so that they will be more courteous in treating people. We have streamlined our complaint procedure, so that complaints are handled more expeditiously at both the local and the State levels, and we realize that there continues to be need to be a lot of improvement in this area.

It is a very difficult job many times to tell people they need more verification or other things as they come into our office.

We also know that there are problems that are endemic to our system in terms of the maintaining of the balance between client service and program accountability. We have a process of verification that is now becoming very, very complicated. We know that this is necessary, but we also know that we need to continue to take steps to minimize the negative impact this has on the person coming to seek our assistance.

We also need to make improvements in the programmatic aspects of our program. One of the first of these is a renewed effort to coordinate and simplify programs. A major problem is the difference in regulations, requirements, et cetera, among the many programs that poor people attempt to access.

There have been many recommendations by professional associations and State governments and the Congress on how these simplifications may be accomplished, and we think that the Congress now needs to take the best of these recommendations and implement them.

We also need to get away from the tendency sometimes of Congress to regulate even the most minor aspects of programs. We need broad kind of legislation that gives the States the opportunity to exercise administrative responsibility.

I would also like to address the issue of error-rate reduction. For fiscal year 1986, all but eight States received sanction letters for food stamp error rates. The penalties that are in excess of $217 million. While we have to be concerned with error reduction, some of this deals with errors that are purely technical in nature and this has created some very inappropriate barriers to participation.

Finally, we need to deal with the issue of levels of assistance, that the USDA's Food Thrifty Plan as a basis for food stamp allotments really needs re-examination.

Finally and also tied to this is the need to move to a national standard in AFDC so that there is a most equitable treatment of people throughout the State, throughout the States. We urge passage of legislation to have the National Academy of Sciences do the study of the feasibility and desirability of a national standard or set of regional standards which take into account the various costs of living in different parts of our State.

What we need now is a clear commitment on the part of all levels of government to place our assistance programs in their proper place on the Nation's agenda of priorities. We need a strong set of domestic policies which are comparable to our foreign and defense policies, and which are compatible with and supportive of our role as a world leader.

I thank you.

[The prepared statement of Ms. Massinga appears at the conclusion of the hearing, see p. 59.]

Chairman **Leland**. Thank you, Mr. Hunt.

Ms. Ford.

STATEMENT OF MELVINA FORD, DIRECTOR, MARYLAND WIC PROGRAM

Ms. FORD. Thank you, Mr. Chairman.

The WIC Program, a supplemental food program for women, infants and children, provides certain selected nutritious foods. It is aimed at improving health status for expectant mothers and their babies. These foods are provided only to those who are documented, determined to be at some kind of nutritional risk. WIC works.

Studies have shown that pregnant women who participate in WIC have longer pregnancies. They have fewer low birth weight babies, and these low birth weight babies account for one-half of our infant mortality. The women get earlier prenatal care. The babies have bigger head circumferences which means better brain growth.

Mr. GILMAN. Ms. Ford, could you put the microphone a little closer to you?

Ms. FORD. We do not have that same rate of infant mortality among mothers who have participated in WIC and, yet, in Maryland, we are living in one of the States where infant mortality rates are among the highest in the Nation. We estimate that in Maryland, there are over 120,000 people who are eligible to receive WIC benefits, that is, the mothers and the babies we can expect them to have in the coming years.

We are serving 41,000 people in Maryland because we do not have any more money, and it is not just Maryland that serves this low rate of the people who could use WIC; it is all over the country, who serve 38 or 40 percent of the people who could use it.

We have in some of our counties in Maryland, where they have the highest infant mortality rates and the highest teenage pregnancy rates, we are turning away people because we have reached the limits of our $16 million in funding. There just is not any more money.

Even after we get the funding, USDA puts some very powerful inducements on us to spend at least 95 percent of that money without over-spending. We cannot spend a dollar more. That fear of over-spending almost precludes any possibility of spending 100 percent of what we have.

For example, a State that spends even 99.9 percent of a $20 million food allocations leave $20,000 not spent. It goes back to USDA. That $20,000 could provide iron-fortified formula for another 40 babies for a full year. Yet, it cannot be spent.

Last year, attempting to alleviate this situation, Congress passed and the President signed H.R. 7, that permitted States to spend up to 1 percent more. That does not mean they get 1 percent more money, they can borrow it from the next year's funding.

There has already been a proposal to delete that provision. We cannot let it go. We have not even seen the effects of it yet, but it should not be withdrawn before there is something else in its place.

Even if we had enough money to serve all the people who are potentially eligible in Maryland, there would still be some people who could not get WIC and the ones I am most concerned about are the pregnant teenagers. There again Maryland ranks among the worst in the Nation in teenage pregnancy and it is often those pregnant teenagers who do not get the proper prenatal care, who do not get the proper nutrition, who have the low birth weight babies.

In WIC, we have to determine income according to family income or household income. A 14-year-old girl who is pregnant does not have many resources and, yet, there are times when her parents make more than enough money to be eligible for WIC. It gets even worse when she has her baby because, do we really want to argue that the grandparents are eligible for that baby's care? We have had physicians refer anemic babies born to 15 year olds to the WIC Program and we could not take them because that girl was living in the house with her parents whose income was over scale and we could not take care of that baby.

That is not acceptable. Fortunately, we are able to serve that woman in medical assistance. Why can we not match up our WIC Program eligibles with that?

Another major reason that more people could not get WIC, even if we had the money, is people do not know about it. They do not know what good it can do. They do not know that the income limits are up to 185 percent of the poverty level and even those people can get WIC. We need more publicity. It is left to the State and local WIC agencies to do this kind of outreach, to generate this kind of publicity, and we do not have the money to do that either.

People need to know that—health professionals, potential clients—that through WIC, a mother can learn enough about good nutrition to feed a family well long beyond the time they are eligible to receive supplemental foods. They need to know that even though clinically, upon examination, a mother and child might appear well, that when we look carefully at the nutrition and what they are taking in, they could be eligible for WIC, too.

Above all, people need to know that WIC does work. It is one of the most powerful things we have. They need to know that a dollar spent on WIC saves $3 in medical care, that while the cost of intensive care for some of these small babies can be up to $1,000 a day, for $1,000 in WIC we can take care of a mother and the baby for a whole year.

It is a great investment and we need to invest more into it.

Thank you.

[The prepared statement of Ms. Ford appears at the conclusion of the hearing, see p. 69.]

Chairman **Leland**. Thank you very much.

Ms. Weatherholtz.

STATEMENT OF JOAN WEATHERHOLTZ, BRANCH CHIEF, EDUCATION SUPPORT SERVICES BRANCH, MARYLAND DEPARTMENT OF EDUCATION

Ms. **Weatherholtz**. Thank you, Mr. Chairman.

I am Joan Weatherholtz, chief of the Nutrition and Transportation Services Office of the Maryland State Department of Education.

My office administers all the child nutrition programs in Maryland, except the Women, Infants and Children Program. In addition, we administer the Temporary Emergency Food Assistance Program.

Over the years, we have been proud of the high number of participants in these programs. The goal of the child nutrition programs, unlike many others people will discuss today, is to provide nutritious meals to all children. Proper nutrition is a must regardless of a person's income.

During this decade, it has been very difficult to meet this goal, as much of the publicity has been aimed toward serving free and reduced meals. This is most evident in school breakfast programs.

Many administrators, parents, and students simply do not want to be labeled. When we discuss the importance of this program with eligible sponsors, administrative burden is usually the first reason they give for not participating. To establish a program, they must provide funds that will allow them to hire staff for planning, purchasing equipment, and preparing and serving food, and to carry out the many administrative duties associated with the program. These funds simply are not available even after a program is started and they receive cash reimbursement.

No administrative funds are available to pay food distribution costs, such as warehousing and distribution. The lack of qualified staff with the skills necessary to meet program requirements is often the second reason given. They must have the ability to meet the accountability requirements, understand the nutritional requirements of their clientele, and prepare acceptable food as well as perform other administrative duties.

This is a real problem in small schools, institutions, and child care centers where staffing is at a minimum, and they must spend their time working directly with the children. Though we find that most administrators are truly interested in doing the best they can for children, they have many other responsibilities, and meeting the nutritional needs of children may not be a high priority.

They are not willing to accept the program unless they see a way to meet all requirements for they will be left with large audit overclaims that they cannot pay. The Temporary Emergency Food Assistance Program is the other program that we administer, and it has many of the same barriers.

It began as a program that was administered by the States according to the rules and regulations that they established. As time has passed, more and more Federal regulations have been implemented. Today, the States have little flexibility. Monitoring has become a high Federal priority and sponsors find it hard to meet the many requirements.

In addition, many of the foods that were previously available in quantities to meet all program needs are no longer available in the same quantities. Sponsors must make hard decisions about who they will serve.

Streamlining the requirements for participation in these programs will go a long way toward eliminating many of the barriers, but we must return our emphasis to the overall goal of these programs. It is imperative that we reverse the trend of placing all our emphasis on serving free and reduced-price meals and develop an understanding of our role which was and should be to provide nutritious meals to all our children.

Proper funding is essential. There is a real need for start-up and equipment assistance funds. We hope this has been of help and appreciate the opportunity to present our views to you.

I will be available if you have any questions. Thank you.

[The prepared statement of Ms. Weatherholtz appears at the conclusion of the hearing, see p. 72.]

Chairman LELAND. Thank you very much.

Mr. Rohde.

STATEMENT OF STEPHEN ROHDE, DIRECTOR, BALTIMORE CITY WIC PROGRAM

Mr. ROHDE. Thank you.

Mr. Chairman and distinguished Congressmen, my name is Steve Rohde. I am from the Baltimore City WIC Program. I am the director of the program.

I differ a little bit from the other colleagues on the panel here because I deal directly with clients every day, and I thought the best example to illustrate my written testimony would be to show you some of the administrative burdens that both the client has and the local agency have, and the way I propose to do that is show you the paper work that the client comes in contact with in a 6-month period, just a 6-month period.

It is a burden that the local agency, that the client, that the State agency has to deal with, and when we all talk about additional administrative funds, this is where that effort goes.

When someone enrolls on the WIC Program, they have an application that is filled out. It is a three-part application. It starts them on their road to getting WIC benefits.

When a person comes in, they have to do it by appointment. Baltimore City has 16,000 people in the WIC Program right now. We have three clinic sites and in order to handle it in some manner where people can be served, we have to have appointments, so that they have to sign an appointment sheet as well.

When they come in for services, since 1985, in Baltimore City, they have had to get vouchers in order to redeem food products. When a person gets vouchers, there are three-part copies. All of this that both the client and the administrative agency, the local agency, has to deal with. When they come in, they can get as many as eight of these vouchers. Again, each of these vouchers is a three-part form. This has to be signed, it has to be logged, it has to be identified in some way for the client and for the local agency.

Because of the Federal regulations, we also must have an identification card for the client, adding to the paper work. We also have to have what is called a signature verification card. This is a two-part form, part of which goes to the State, part of which stays in our files.

When these vouchers are issued, there has to be a logging of the vouchers done. That is done on a sheet. All eight vouchers can be logged on the same sheet. In order to identify where this ID card goes and where this signature verification card goes, there is another log that has to be used. Again, this is all part of the Federal regulation.

When a person—after a person is done with this, they are given their vouchers and they are on their way. They do have to come back on a regular basis in order to pick up vouchers. In Baltimore City, that is every other month. Again, they have to sign in because we do it by appointment. They are given their vouchers. Again, they have to sign their vouchers. These are not three-part, thank goodness. They get as many as eight vouchers here. They have to sign each time they come in a computer register as well.

Should there be any change in their status—they want their food package changed, what have you—we have to fill out another application form. If there is any loss of any of these forms, we have forms to fill out for that, as you can see here.

In the course of 6 months, the average client comes in contact with 50 pieces of paper. Now, if I were a mother on the program with two children, that would be 150 pieces of paper every 6 months. Administratively, what that means to me, with a clientele of 16,000 people, is I have well over 1½ million pieces of paper to keep track of as well as to serve the clients.

Now, WIC is commonly looked at as a food supplement program. The original intention by Congress when the legislation was passed was that it is a nutrition education program, which stresses individual service to the client, as well as a food supplemental program.

It is impossible for me to give direct services to the client under the administrative costs that I am given now and keep track of all of this paper work. Again, it is 1½ million pieces of paper that I have a staff of 42 to keep track of this, to give vouchers out to clients, to certify clients for the program, to provide nutrition education, and for high-risk individuals—like pregnant teenagers—provide individual counseling by a nutritionist.

This illustrates part of it.

I wish to piggy-back a little bit on Ms. Ford's comments with another example of how the paper work and the regulations interfere with what, in a community health standpoint, we try to do.

The pregnant teenager. In Baltimore City, it is a very, very large problem. As Ms. Ford indicated, because of the way the USDA regulations for WIC look at income, a majority of teens are not eligible for WIC benefits until their baby is born, until they are deemed a separate economic unit through the AFDC process. So that 9 months, while the teenage pregnant woman is carrying the baby, there are no supplemental foods that WIC can provide.

A simple change in the interpretation of the regulation, be it the interpretation or the actual written law, would help us meet a very large need in Baltimore City.

Thank you very much.

[The prepared statement of Mr. Rohde appears at the conclusion of the hearing, see p. 84.]

Chairman LELAND. Thank you very much, Mr. Rohde.

I thank all of you for your very compelling testimony.

Mr. Hunt, there has been a decline in participation in the Food Stamp Program. What are the major factors contributing to the reduction in the case load?

Mr. HUNT. It is our judgment that there are probably several factors that contribute to that. Probably the most important factor has been the change in the Federal regulations, which have had the effect of excluding a larger number of households from eligibility.

But there are also, we believe, some questions about how the clients actually view the program or, let us say, how potential clients view the program. Part of the thing that I mentioned in my testimony is the negative impression or negative characterization of the program means that people are hesitant to participate, either because—particularly with the elderly people. They do not want to have themselves characterized as being welfare people, so they have a tendency not to go to the local department of social services.

The same stigma is attached to food stamp recipients when they go to the food store and have to use a different method of payment to purchase their foodstuff.

We have made some particular efforts in the State and had a State-funded program where we tried to do some food stamp outreach to try to attack this problem, and it is something that we continue to look at to try to find more and more ways to let people understand that they are eligible for the program, that, in fact, some of their tax money has created that program, that they should not be hesitant to access the program.

Chairman LELAND. Thank you.

Ms. Ford, about a year ago, your department was charged with implementing eligibility procedures with little planning, and as a result, jeopardized the health of eligible participants who left the nutrition programs out of frustration.

What happened to former participants who ceased participation as a result of the rule?

Ms. FORD. The WIC participation is one, of course, that turns over constantly. People are eligible for 6 months or pregnant women are eligible only until after they have their babies, and, so, when we talk about former participants, they are generally not people who would be participating now. We have a new group of people participating who are stretching us to our limits.

Chairman LELAND. Very good. Ms. Weatherholtz, the select committee research indicates a decline in School Breakfast Program enrollment. To what do you attribute this reduction in the number of children receiving these meals?

Ms. WEATHERHOLTZ. Well, I think what has happened with the School Breakfast Program enrollment basically is that this program got off to a start as being basically for needy children and in Maryland, there has not been the decline. We have seen an increase in the program.

However, we are having tremendous problems with the fact that the public views this as a program only for needy children; therefore, we have tremendous numbers of children that do not want to participate and do not really know that the program is available to them.

Chairman LELAND. Mr. Rohde, what are your views on the WIC credit card pilot program that you have implemented?

Mr. ROHDE. Well, the results of the pilot credit card program are quite promising. It is in Baltimore City now in a select area and it is also in Prince Georges County in a select area.

Both areas are called home delivery areas. That is where the WIC product is actually brought to the person's door by a contractor. Under the voucher distribution program that I illustrated with all of these vouchers, the current rate is between 65 and 75 percent success rate in terms of the delivery man able to make a delivery.

Under the credit card program, it is 95 percent. There are some problems with the credit card under the current management system, and in order to do it on any larger scale, again that administrative money would be necessary to change the computer configuration and the management information system, but it is quite successful.

Chairman LELAND. Has this system actually broken down some of the barriers that you referred to earlier?

Mr. ROHDE. It has. It cuts down on the people coming in with the frequency that they have to. It simplifies the paper work. Half of the paper work that I showed you, they do not have to deal with.

However, because of the limitations of the system, administratively, I have to deal with it, and my staff has to deal with it. So, in order to put it on a larger scale and make it run well, again there would have to be changes in the data system.

Chairman LELAND. Do you foresee any barriers that the program might create?

Mr. ROHDE. Any barriers? Barriers to participation?

Chairman LELAND. Any difficulties.

Mr. ROHDE. The only barrier I could see at this point is along the nutrition education lines. What we are seeing is the clients, when they find out they do not have to come in to pick up vouchers, they are reluctant to come in for the nutrition education.

In the pilot itself, we are attempting to make some changes. So, as part of the natural order of things, they would come in for this second nutrition contact and we could meet the Federal regulations on this line.

Chairman LELAND. Very good. Mr. Emerson.

Mr. EMERSON. Mr. Rohde, of all that paper that you laid out there, what would you eliminate?

Mr. ROHDE. I would eliminate the clients having to pick up the vouchers. Under the previous system, it was called a dairy ticket system.

Mr. EMERSON. A what?

Mr. ROHDE. A dairy ticket. That is where the contractor is given a ticket and would implement the delivery. I would reinstate that and keep it with the credit card at this point. That way, the client would not have to pick up the vouchers. The paper work would be automated in terms of going from the State computer system to the dairy. The local agency would not have to touch it. The client would not have to touch it, and it would eliminate again one-half of that paper work.

Mr. EMERSON. Why is this system as it is? Have you been in it since the inception? Have you seen this evolve this way?

Mr. ROHDE. I have been in since October of 1985, which was the actual start of voucher distribution. Ms. Ford could answer that as well. My understanding is there was an Office of the Inspector General's audit.

Ms. **Ford**. Upon Federal review and audit, two separate procedures, it was determined that that system did not meet the requirements for accountability and it had to be changed or the Federal funding for this program would have been jeopardized.

Mr. **Emerson**. Is there a better means, though, of maintaining accountability than this complicated voucher system?

Ms. **Ford**. One of the things that we are trying to do in the State of Maryland and I hate to keep saying money, money, but funds are a problem, is we are trying to put small computers out in all of the places, like the agency that Mr. Rohde operates, that will free a lot of the paper work.

Mr. **Emerson**. Is this computer effort progressing satisfactorily? Is it that falling into place?

Ms. **Ford**. We actually have a pilot system in place and operating. It is a matter of being able to hook up the rest of the State.

Mr. **Emerson**. Just a pilot system?

Ms. **Ford**. Yes.

Mr. **Emerson**. Are there plans for full implementation Statewide?

Ms. **Ford**. If funds are available.

Mr. **Emerson**. And if the pilot program proves out?

Ms. **Ford**. The pilot looks good.

Mr. **Emerson**. I will tell you what I would really like to ask both of you to do, if you would, is submit to this committee, you know, in writing, your recommendations for how you think we can simplify this whole system here and still maintain accountability, and let us sit down with the regulators and administrators and see if we cannot make a little better sense out of this.

Ms. **Ford**. I would be very happy to do that, and we do appreciate the concern that you are showing.

Mr. **Emerson**. I think it would be a practical input there, could be very useful. So, would you please do that?

Mr. **Rohde**. Certainly.

Mr. **Emerson**. I would also like to ask, Mr. Chairman, if we may, because we do have time limitations, if we could keep the record open and submit questions in writing to the witnesses because inevitably something comes up after the hearing and we say, oh, I wish I had asked them that. We have to have the record open in order to do that.

Chairman **Leland**. Without objection, it is an excellent suggestion. We will keep the record open for the purpose of receipt of responses from questions submitted in writing to our witnesses.

Mr. **Emerson**. Thank you.

Chairman **Leland**. Mr. Mfume.

Mr. **Mfume**. Thank you, Mr. Chairman.

Mr. Hunt, I understand that Maryland has recently completed a food stamp outreach project. Can you tell this committee whether or not there has been any evaluation of the effect of the project and to what extent?

Mr. **Hunt**. I am sorry, but I cannot give you a precise indication of what the results of the program were. There was a general feeling that the approach was very successful. We were able to really increase the awareness in local communities of the Food Stamp Program, and the main thing we were able to do was to create small groups in the local communities that continue to focus on the whole issue of food and nutrition in a long-term way, but they ended up dealing not just with food stamp participation but the whole issue of hunger and nutrition, and those are on-going groups that continue to operate out there.

That is really going to be more of a long-term effect than the immediate first-term effect of the project.

Mr. MFUME. Was the cost, to whatever you may be familiar with, was the cost extensive to do that? I mean, did you have to dig deep into your budget or were you able to do some other things with existing resources? The only reason I ask is because you raised a question about a stigma that was also associated as a barrier, and I listened to testimony from the WIC people who said that part of their problem is getting the message to people.

Mr. HUNT. I think the cost in our food stamp outreach project was about $50,000. We did not really have very much money to do that with, but I do believe that it was effective.

We are continuing to look in terms of trying to deal with the whole question of stigma at some different approaches to delivering benefits, and we are looking very extensively in terms of alternate issuances where an individual could be given something, just like a credit card or a debit card, and they would make their purchases from the food store just like anybody else going to purchase with a credit card and would not have to have coupons or anything else like this.

We think this kind of system would begin to erode some of those kinds of barriers and help people to understand that there is really no stigma attached to it, it is a good program, and that they really ought to participate in it.

Mr. MFUME. One question for Ms. Weatherholtz.

Your testimony stated that training staff was an on-going requirement as turn-over becomes excessive. Are efforts made or has any consideration been given to the idea of training individuals that are, in fact, recipients of the program itself?

Ms. WEATHERHOLTZ. The recipients in all of our programs, of course, are within schools and so on, and the efforts we have made essentially have been through teacher training in the child nutrition programs and the nutrition education funding. We have been doing a lot of work in training children to make selections on the lunch lines.

Yes, we are doing a lot of work in that area.

Mr. MFUME. So, they fill in during those periods the gaps that exist there when you are changing from one person to another?

Ms. WEATHERHOLTZ. Well, the changing from one person to another in the administrative area really basically is in the child care centers. That is where we have big groups of turn-over in those who administer our programs, and the gap there is filled usually by somebody else on the staff who comes in to do the job. You must go in and help that person out during that time, and those children usually are preschool children. They would not be capable really of doing the kind of administrative thing we are talking about.

Mr. MFUME. I would be surprised if they were.

Ms. WEATHERHOLTZ. I would be, too.

Mr. MFUME. Thank you.

Chairman **Leland**. Mr. Gilman.

Mr. **Gilman**. Thank you, Mr. Chairman.

If the panelists had their opportunity of recommending to our Federal administrators how to improve outreach, what would you recommend? I address that to all of the panel. What most important recommendation would you make to improve outreach?

Mr. **Hunt**. I think one of the most important things in terms of outreach is simply a matter of how you characterize the programs, and as I mentioned in the testimony, one of the things that happened in the current administration was that the AFDC program, particularly, and also to some extent the Food Stamp Program, were characterized as programs occupied by cheats, and I believe that we have to have people in the country understand that the majority of the people who receive these services under these programs are people in real need, that they are very, very valuable programs and are critical to the health of a number of our citizens.

So, I think it is a matter of characterizing the programs in a different way, so that people feel positive about going to seek that service. I really believe that is the most important kind of a thing.

Now, a lot of the other things in terms of simplification of the processing and these things are also going to be very helpful.

Mr. **Gilman**. What about the information to people? I understand the importance of making certain the perception of the public with regard to these programs is certainly important.

What about getting the information out to those most in need? Are we addressing that problem? Are we fulfilling that responsibility?

Mr. **Hunt**. I think that—I think other people may have to speak to that, too, but I think, generally, we do a fairly good job in terms of that, in terms of getting information out.

The one area where I think we need to give more attention is that I believe that generally in the country, we underestimate, if I am using that the correct way, we underestimate the literacy levels of our people, that we have more people than we believe or that we understand that are illiterate.

So, as we depend upon written materials to such a heavy extent, there are a lot of people who simply cannot read those materials. We have had examples where we have put things, for example, in check stuffers, where you have a check stuffer that goes out to a person that has some information on it, they get the checks, they understand what a check is, but they cannot read the stuffer.

We assume because we have sent it with the check that we have communicated. So, we have to spend a little bit more—we have to be a little bit more cognizant of the fact that we have a lot more people there who really cannot read. So, we have to depend more upon other kinds of communication, other media, to make sure that we get our message across.

Mr. **Gilman**. How are you accomplishing that overestimation of literacy? What are you doing to resolve that problem?

Mr. **Hunt**. I believe here in the State of Maryland, that we are taking a very strong position. We have now in operation in the State a task force that is beginning to look at the whole issue of literacy, bringing together all of the groups that are involved in the whole issue of literacy, so that we can begin to recognize where the problems are and to focus our resources and activities so that we can overcome the problem.

Mr. GILMAN. How do the other panelists feel about this excess problem and the lack of information?

Ms. FORD. Mr. Gilman, I am quite accustomed to looking for ways to do things without money, and I fully believe in bringing the personal touch. At the State level here in Maryland, I have talked to the Peri-Natal Association. I have talked to the physicians groups and their auxiliaries. I have talked to the churches or one of my staff does, to tell them more about WIC, how it works, what it does, and how to get it, why it is a good thing.

I would like to see that at all levels. I would like—you know, it would be nice if Mr. Rohde had the resources to have the staff person to go out and talk to the people in his neighborhood and I would like to see it at the Federal level, too.

How much does the Surgeon General know about WIC?

Mr. GILMAN. Ms. Ford, do you think you are giving to all of the people who need the information or most of them who need that information?

Ms. FORD. I am not getting to all of them, no. I am getting to some of them.

Mr. GILMAN. Are you getting to a significant number of them? What do you estimate your outreach program is doing? Are you effective?

Ms. FORD. Well, it was mentioned by Mr. Leland that our participation in WIC in Maryland had dropped significantly and he did not use the word, but precipitously a year ago. It did. We are back up to where WIC was, but we need a lot more.

So, I would say it is effective, yes.

Mr. GILMAN. Mr. Rohde.

Mr. ROHDE. What we are doing to increase participation, we operate a little differently. Our referrals for WIC come through health care providers, actual clinics in the field. They start the process for us. We do have a staff member that goes out to those health care providers and lets them know what is going on with WIC, where we are targeting, that type of thing.

We are also doing some community outreach with other agencies, such as the Urban Services Agency in Baltimore City, to get people in neighborhoods where there seems to be a lack of participation.

I would just make one comment, and that is, our clientele is close-knit in terms of the way they communicate information verbally to one another. In terms of any official outreach, I think the impact would be negligible unless there were some actual change in the program itself to make it easier.

One of those things that I would submit, although I know this gets into an area of turf, is if the various agencies here would have some common referral system among themselves.

Mr. GILMAN. All right. Now, you are touching on an important aspect. We just conducted a hearing on one-stop service provision where you bring all of the agencies together.

Would you all agree that that could be very—could be instrumental in making this a more efficient type of——

Mr. ROHDE. It would be with the accompanying changes in the regulations so that the eligibility among programs is equivalent instead of all the various changes. WIC goes on full gross income. Other programs do not do that.

So, unless there were an accompanying change, it would not be very successful until there was a change in the interpretation.

Mr. GILMAN. We recognize the need to do that, but would you all be in agreement that this could be beneficial to bring them all together? I do not think we have heard from Ms. Weatherholtz.

Ms. WEATHERHOLTZ. Let me answer that question first.

Yes, I think that is something we need to do more of, to bring these programs together and be closer coordinated with them. So, yes, I do agree that that would be something.

To address your question on outreach with our programs, I really believe that we are doing a good job of getting to the needy children in our schools and in our centers and so on simply because we have a captive audience there and we have a guidance counselor and pupil personnel workers and we can deal with them.

Where we are not doing a good job, and where we have major problems yet, is in meeting the needs of all the children. Simply because this is an educational program, we have got to turn it around and make people know that. We have gone away from that concept, and that is where I think our outreach efforts have got to go in the future, so that we can meet the needs of all the children out there, not just those in need.

Mr. GILMAN. I thank the panelists and thank you, Mr. Chairman.

Did you want to make a further comment?

Mr. HUNT. Yes. I think you are addressing an area where we believe that you gentlemen could really be of great assistance to us, and I know even at your level, it is difficult because these programs are the responsibility of different subcommittees or committees, but one of the critical problems in any effort to coordinate is that the requirements, regulations, requirements, eligibility, and the different kind of factors that can be considered, are so very different even within our program.

We administer the AFDC Program and the Food Stamp Program and the medical assistance, where you have the same individual receiving those services. Potentially, you have all of these different kind of eligibility requirements and you count an automobile as a resource differently here and an insurance policy is counted as a resource differently. It makes it very difficult to effectively coordinate the programs.

So, even one-stop shopping can be very burdensome when you have all of these different kind of regulations, and it is very difficult for us administratively to be able to train someone who can handle all of those different kind of regulations.

Mr. GILMAN. Thank you. Thank you, Mr. Chairman.

Chairman LELAND. Mr. Emerson just commented that we have to simplify the regulations, but that we are very much cognizant of the fact that if, in fact, we were able to achieve one-stop shopping, very definitely we would have to look at policies elicited by those different agencies.

This committee consists of 26 members who represent various committees and subcommittees of jurisdiction in Congress that have something to do with hunger, both domestic and international. Therefore, we are able to discuss these ideas across jurisdictional boundaries in an attempt to bring them into a unified focus so that the rest of Congress can concentrate on creating solutions to those problems.

Mr. Espy.

Mr. Espy. Thank you, Mr. Chairman.

I have two questions, very briefly, to Mr. Rohde.

I can understand, Mr. Rohde, this tremendous paper management problem that you demonstrated this morning, and I was hastily trying to read through the written testimony, but just let me ask you. Do you not have access to—from Ms. Ford's comments, I gather that you do not have access to personal computers.

Mr. Rohde. We have one that was bought by the City Health Department itself. We do not share the data base that the State system has at this point. So that we do not have a machine powerful enough nor can we afford one at this point to plug in.

I would simply state also that we requested one through the budget, but because of USDA interpretation of that move, that was denied. We proposed a network out of our own administrative funds that would tie us in, and USDA Regional Office deemed that that was inappropriate for a local agency to do.

Mr. Espy. Did you go to Washington, to USDA, and throw the pile of paper on their desk?

Mr. Rohde. No, I have not had that opportunity yet.

Mr. Espy. You ought to try that.

Chairman Leland. Will the gentleman yield on that point?

Mr. Espy. Yes.

Chairman Leland. Mr. Rohde, what I would like to know is, was it because of the roadblock that was created by USDA that prevented you from receiving a second computer unit?

Mr. Rohde. We had the one computer that we have now, which is an in-house unit, before we requested the additional unit. What we were requesting was a larger unit to keep track of the 16,000 people, and then a unit at each of our certification sites, the intake sites.

Chairman Leland. But you do not have those?

Mr. Rohde. No, we do not.

Chairman Leland. What I would like to ask staff, if they would, is to get with Mr. Rohde to see if we can solve that problem.

I thank the gentleman for yielding.

Mr. Espy. Yes, Mr. Chairman.

In the first period of this administration, I recall much was said and I think a lot was done by our President and through the services of our Vice President in reducing paper work and reducing labor relations, and I think if this is brought to their attention, they could perhaps stir up some activity with the USDA. I would encourage you to do that.

Second question to Ms. Ford. Let me get some clarification on your testimony because I am confused.

I gathered from your testimony that the major problem to greater WIC participation was the money. You mentioned that you have a budget of $16 million, that you have 120,000 people eligible, young women eligible for WIC, but you were only serving 41,000, and that represented about 95 percent of the $16 million expenditure.

Now, in Mississippi, you know, WIC does work, as you said, through the testimony, but the question in Mississippi was participation. We only had about 50 percent of those eligible participating. So, the problem was more a lack of information, lack of access, and in the question period, we started talking in Maryland about outreach problems.

So, I am asking you, is the problem outreach, is the problem money, because if you are telling me that you are serving 41,000 people and they are already taking up 95 percent of your money, are you not—we know that money is a problem, but my question is are you not creating more problems by greater—very successful outreach program to bring in people you cannot serve because you do not have money?

Ms. FORD. No, no. I am sorry. Our problem is money. If we had—I believe the statement was if we had enough money to serve everyone, there would probably be some people who would still not get services because they do not know about the program.

Mr. ESPY. Excuse me?

Ms. FORD. Even if we had enough money to serve everyone, some people still probably would not get service because they do not know about the program.

No. Our problem in Maryland right now, our biggest problem is money.

Mr. ESPY. Thank you.

Chairman LELAND. Mr. Kostmayer.

Mr. KOSTMAYER. Mr. Rohde and Ms. Ford, you mentioned both the problem of teenage pregnancy. What about some prevention? What about preventing teenagers from becoming pregnant? What about voluntary family planning in Baltimore and in Maryland? Is there a program?

Ms. FORD. Of course, prevention always comes first, and there are a lot of things going on in prevention. I think Maryland really has taken a lot of steps in the area of preventing teenage pregnancy, but I am in the WIC Program and so is Mr. Rohde, and one of the things we have to look at is we did everything we could, all right, they are pregnant, now what do we do. We do not abandon them.

Mr. KOSTMAYER. I understand that. Do you think we should be putting additional resources into prevention, into family planning, providing women with the opportunities, especially young women, to plan the number of children they want, to plan the size and spacing of their children?

Mr. ROHDE. I think each of the health departments that we represent locally and at the State level are involved in that. The State, in fact, is planning a campaign aimed at teenagers to delay sexual activity at least until they have finished school.

The area that you are getting into is not addressed by the WIC regulations. As such, it is not part of the outreach that we do. Ours takes up with the onset of pregnancy or the birth of an infant. So that other agencies, other divisions within each of our respective departments, look at that section.

However, we have been involved with the teenage pregnancy prevention outreach that will occur as agencies have been involved, but, again, it is really not addressed by WIC, that particular area.

Mr. Kostmayer. Well, it is a problem. I know, Mr. Chairman, I had a constituent, a parent, that told me recently that they attended a lecture in their school, in their child's school, I think these are high school students, sophomores and juniors, and the purpose of the lecture was to tell these school children really, although they were sophomores and juniors in high school, to abstain from sexual activity and how to avoid sexual activity.

I guess a girl in the back row put up her hand and said does this mean for the whole semester. So, it is a problem. I do not know how you are going to solve it, but it seems to me that an ounce of prevention is worth a pound of cure, and that there ought to be something that the Federal Government should be participating in and spending more of our resources in and you should be doing more about it as well.

Thank you, Mr. Chairman.

Chairman Leland. Thank you, Mr. Kostmayer.

We have concluded our questioning. Let me readvise the panelists that we will submit questions to you in writing and ask that you would reply for the intended purpose of having your responses entered into the record.

Thank you so much. You have been very good.

Mr. Kostmayer. We will take care of your problem with USDA.

Chairman Leland. Let me now introduce the second panel. The second panel is made up of Dr. David Paige and Ms. Janet Martin. Dr. Paige is a professor of Maternal and Child Health at Johns Hopkins University, and Ms. Martin is with the Maryland Office of Aging. Ms. Martin, I would ask that you proceed first.

Let me also alert the witnesses that we are running a little bit over time right now. If you will, just summarize your statements, your prepared statement will be entered into the record without objection.

STATEMENT OF JANETTE MARTIN, CHIEF, DIVISION ON COMMUNITY SERVICES AND NUTRITION, ON BEHALF OF STATE SENATOR ROSALIE S. ABRAMS, DIRECTOR, MARYLAND STATE OFFICE ON AGING

Ms. Martin. I do bring apologies from Senator Rosalie Abrams this morning. She had a family emergency and was not able to present the testimony.

I—my job with the Office on Aging is chief of the Division of Community Services and Nutrition, and in that job, I did begin the nutrition program for the elderly in the State of Maryland.

There are several things that I would like to point out in the testimony this morning in the way of doing a summation. I think we all are aware of the problem of undernutrition in the elderly. Recent studies by the American Dietetic Association states that about 50 percent of our elderly people have some type of undernutrition.

It means, of course, that nutrition does play a role in the chronic disease problem that we have in this country. When we think about the elderly, we think of the young-old and the old-old. Our young-old are 60 to 75 years of age, and the old-old are 75 on. It is with the old-old that we run into health problems which become not only a problem from the standpoint of society, but also a financial problem in caring for these individuals with two or three chronic diseases.

For instance, we have some problems that are very basic in Maryland. In a recent study that we did, we found that 73 percent of our elderly population that were attending our nutrition program had lost their teeth or were wearing dentures, and this, of course, does play a role in the nutrition of the elderly individuals who may change their food habits because of this.

We also know from a recent study by Ross Laboratories that undernourishment has an economic effect. They found that undernourished hospital patients cost more than well hospital patients, that such patients with pneumonia, fractured hip or inflammatory bowel disease stayed 2 days longer and cost the hospital $1,160 more per patient.

So that there is an economic effect in providing nutrition for our elderly patients. I am sure you all know that fractured hips have been estimated as costing this country about $3 billion. So that it is good to have nutrition that prevents the osteoporosis that may be the result of a lifetime of undernutrition.

I want to talk a little bit about our programs in Maryland because I think some of those are a bit unique. We certainly have the congregate program for the elderly people in Maryland. We were one of the first States that started the program as a study, and the success of that program then determined the fact that it would become nationwide.

Once again, we have limited funds, and we do have about 79 of our sites that are operating only less than 3 days a week of the 285 sites that we have throughout the State of Maryland.

Many of these sites are, of course, in the rural areas, Western Maryland and the Lower Shore. We have made application to the State for money, and we have been successful through the efforts of the Maryland Food Committee and everyone connected with the elderly nutrition program, in getting the State of Maryland to appropriate money for nutrition. They have done this for now 2 years. Our first appropriation was $400,000. This year, we are getting $580,000.

While this sounds like a good amount of money, we also are experiencing an 8-percent increase in the cost of food. We are just about going to be able to hold our services level because of this increase in the cost of food and also, of course, increase cost in providing services.

We have done a study of our participants in Maryland and I think you might be interested in some of this. Seventy-two percent are female and this is because we are serving the older person. After age 75, there are two females to one male in our population. Thirty percent were black. Fifty-seven percent live alone. The average age was 72 years.

We talk about chronic diseases. Forty-eight percent said they had arthritis and 49 percent say they have hypertension. They rate their own health as good, at least 59 percent did, and 32 percent say that the nutrition program meal was their main daily meal.

Many of the participants say that they come to the nutrition program not only for the meal, but also for the social aspects of the experience. We also are able to bring outreach to our nutrition sites so that we have, from time to time, efforts to enroll our elderly people in food stamps, take care of benefits counselling because of their confusion with Social Security, Medicare and so on, so that we are able to bring those services to the nutrition program.

One of our big problems, of course, connected with the lack of funds, is the matter of serving home-delivered meals. In our rural areas, this is a big problem, and we find that in some of our areas, where we are only operating 2 days a week or 3 days a week, we do do home-delivered meals for that period of time, but the other days, when the person may need food, we are not able to furnish that service.

We have a shopping and delivery service that is very exciting. This is a State-funded program, and we have been able now to combine State-funded programs, county funds, as well as some IV–B funds to provide money for doing shopping for people, allowing them to remain in their own homes. This has been started in Caroline County on the Eastern Shore. We will add two more counties this year, Kent and Queen Annes. This program allows people to remain in their own homes. They are able to do their own cooking and do that kind of thing, but they lack transportation and the ability to do their shopping.

We also give meal support to our sheltered housing program. The sheltered housing program provides meals 7 days a week and personal care for 1 or 2 hours a week plus checking on the individual each day. This is an exciting program in that we have been able to keep people out of nursing homes and yet have them in a facility where they do have some type of supervision and, of course, it is much less expensive and the quality of life is much better.

You were interested in the interrelationship with agencies providing services. Maryland has started a program of community-based in-home services, called Gateway 2. This is a combined program with the health department, the Department of Human Resources, and the Office on Aging, to take care of people who need in-home services, who may not qualify for other in-home services.

This is a State-funded program and is an exciting concept to again have people remain in their homes, so that the quality of life is much better.

We have adult day care programs which certainly are becoming more of the need as our population ages. The population in Maryland, 80 plus, is at 13 percent, which is higher than the national average. We now are coordinating with the Department of Health and Mental Hygiene and we do provide food service to the day care programs, and this is an enlarging service that once again allows people to have some type of supervision during the day and return to their families in the evening, so that they are able to remain in the community.

Our recommendations, I am sure, will be of interest to you. We would like more money in order to fill these needs. We also would like to point out that we really do not know what is the adequate nutrition of an older individual. There has not been enough research done to find out what should be the recommended daily allowance for the elderly person.

We are basing our figures on research done age 51. The National Institutes of Health has, of course, a section on aging and they are working on this. Our plea is that such research be supported by funding.

And, of course, we do want to continue to strengthen the continuum of services for the elderly between all agencies.

Thank you.

[The prepared statement of Rosalie Abrams appears at the conclusion of the hearing, see p. 97.]

Chairman LELAND. Thank you very much. Dr. Paige.

STATEMENT OF DAVID M. PAIGE, M.D., PROFESSOR OF MATERNAL AND CHILD HEALTH, JOHNS HOPKINS UNIVERSITY

Dr. PAIGE. Thank you very much, Mr. Chairman.

I do very much appreciate the opportunity of being able to testify this morning.

I must say before I begin, however, that I found the opening comments on the part of the panel very meaningful. They were not only wise, they were inspiring, because many of us who work on a daily basis with this sometimes get a bit frustrated and depressed and try to draw strength from each other, and it is very pleasing to know that we have colleagues and friends in Washington to whom we can turn.

Chairman LELAND. Thank you.

Dr. PAIGE. So, I found it quite inspiring. It made the work that we try to bring to this even more meaningful, and thank you.

Just for purposes of identification, I am Professor of Maternal and Child Health at Johns Hopkins University, also have a joint appointment in pediatrics, and we have been working with the issue of poverty for a number of years. I have had the pleasure of chairing the Governor's Commission on Task Force on Food and Nutrition in the State for 2 years, which was quite a sobering experience, and even though I thought I knew a few things about pediatrics and some of the problems associated therewith, I learned from my colleague, Ms. Martin, and many others that you heard from earlier the scope and nature of the problem, and it is somewhat shocking.

I know that time is of the essence, and that most of the major issues have already been touched upon. Nevertheless, I will try to provide a brief overview of what I believe are some of the indicators of risk, both in Maryland nationally, regarding the issue of hunger and health, and I will try to briefly outline my testimony.

What I would like to point out that needs perhaps repeating and that is that one out of every five children in the United States lives in a poverty-stricken home and, unfortunately for black children, the figure is one out of two, 50 percent of black children in our country. I do not think we can repeat that statistic too often.

The study conducted by the House Select Committee on Children, Youth and Families further revealed that the number of poor children increased by 2 million in the early 1980's and continues to rise. This is not an acceptable statistic.

In Maryland, persons living below the poverty level in July 1980, which is the last period we have statistics of value, numbered almost 10 percent. The poverty rate runs highest in Baltimore City. Twenty-three percent, followed by Garrett County, 17 percent; Somerset County, 16 percent. So, it is not an urban problem, it is not a rural problem, it is a national problem.

This was one thing that I learned in my work here in Maryland. In the last 2 years 75,000 new poor have fallen into poverty; 16 to 18 percent estimated by the state statistics unit. In Maryland, in 1976, 1 in 10 children received AFDC, and this compares to approximately 1 in 7 throughout the Nation. Of the 196,000 people who received assistance in the State, 64 percent are children.

Despite the need, the participation rate in Federal programs to the poor have dropped continuously throughout this decade. I will not recite the statistics. They are in the testimony.

I will point out, however, that the result of both the poverty, the poor health, and the poor participation in food programs has led to a continuing increase in the number of low birth weights and in this country, we use low birth weight as one important indicator. It has been referred to and is a useful indicator of health and by extension limited index to the nutritional status of the population.

It is associated with poverty. It is associated with poor nutrition, associated with poor health care, and what is even more interesting is that there is a differential risk between white and black women having low birth weight; that is, weight below 2500 grams.

In the United States, 5 percent of all white women have low birth weights compared to 12.4 percent of black women. Thus, more than two times the number of black women have given birth to an infant who has an increased risk for greater morbidity if that infant survives and clearly a much higher risk of mortality.

The situation in Maryland mirrors the national pattern. More affluent areas, such as Montgomery County and Baltimore County, report 5 to 6 percent below the U.S. national average. While Baltimore City, with 29 percent of the population below the poverty line, reports rates almost twice as high.

So, we are really talking about a multifaceted problem. To attack one dimension is not an adequate approach.

A high percentage of low birth weight infants are also reported in rural counties, Dorchester, Somerset, Wicomico Counties. I continue to emphasize this to broaden our understanding that it is not an urban problem. It is a national problem, and this was quite revealing to me.

Low birth weight babies are 20 times more likely to die in the first year of life than those who have normal birth weight. The white rate is 6.1 deaths compared to 11.4 black deaths per 100 low birth weight infants. Not only is the racial difference in neonatal mortality rates appalling, of even greater concern is the fact that this racial gap has actually enlarged over the past several decades.

Despite an absolute decrease in numbers, in 1950, the black-white ratio was of deaths less than 28 days was 1.4; in 1970, 1.7; and in 1984, 1.9. I think Mr. Gilman pointed out earlier in his comments the issue of infant mortality and the fact that it has been rising, and despite the absolute decline in mortality rates, for total infant mortality throughout the first year, continues to grow between blacks and whites. Even though this decade is supposedly of affluence.

Black infants are almost twice as likely as white infants to die in the first year of life. The black-white gap ratio has widened, and the ratios in the 1950's, 1970 and 1984, were 1.6, 1.8, and 2.0 in this decade. So, they have increased.

Nationally, if the black infant mortality rates were equal to white, about 5,500 black babies would not have died in 1983. The other ratios, the other indicators of risk we have also touched upon, and I know I am not bringing new information, but, hopefully, a perspective to this, and that is adolescent pregnancy.

The teens, the teen pregnancies continue to rise. In 1983 and these youngsters continue to be at risk. Only 57 percent of white and 47 percent of nonwhite teen mothers received early prenatal care, and we know very clearly that prenatal care is associated with a reduction in low birth weight and an improvement in pregnancy outcome.

A December 1986 report in Pediatrics, which is the official journal of the American Academy of Pediatrics, highlights the fact that in the United States, the percentage of births to women less than 20 years of age is 13.7 percent. The highest of 25 countries with a population of 2½ million or more. Sweden, Finland and Switzerland averaged 3 to 4 percent births to adolescents. Italy and Spain, 7 percent, and only four other countries have birth rates that exceed 10 percent adolescent mothers.

Prenatal care, as we know, is a problem. The 1986 report in the same journal of Pediatrics indicates that 5.5 percent of mothers still receive no prenatal care or too late for any real effect. Twice as many black mothers had no or virtually deficient prenatal care. Almost 10 percent versus almost 5 percent in whites.

This factors out to 200,000 pregnant women per year not receiving adequate or no prenatal care.

Utilization of emergency food services is another important issue. Others have talked about it. I will leave the details for you to review at your convenience.

I would like to turn then to briefly discuss the nutrition programs. The one program that does work, which I think we can agree upon nationally, is the fact that the WIC Program has a major impact on the health and well-being of the population it serves.

Nevertheless, as you heard most clearly, the number of eligible individuals who are participating in the program on a national basis are approximately one-third of individuals, and this situation is the case here in Maryland, and, clearly, nutrition research supports the view that nutritional services should be a component of high-quality prenatal care.

The National Academy of Sciences Institute of Medicine report clearly indicated that WIC should be a major element within the projects and programs directed at high-risk low-income women who are pregnant.

The report of the U.S. Senate Committee on Agriculture reported that there is without question, despite great controversy, Senator Helms leading that particular issue, did conclude, and I think his committee when he was chairman of the Senate Agriculture Committee, too, did conclude that it does result in a 20 percent reduction, WIC results in a 20 percent reduction in low birth weight, and the translation of that 20-percent reduction is as I have outlined it, would result in the United States, if applied to high-risk low-income pregnant women, an estimated decrease, and this is conservative, this is not hyperbole, of 10 percent in infant mortality, 230 infant deaths would be prevented per 100,000 high-risk women served.

The prevention of 2,400 low birth weight infants per 100,000 women saved, and the savings in intensive care hospital costs, conservatively estimated to be $32 million some odd.

Chairman LELAND. Dr. Paige, can I interrupt you there because we are going to have to move on? Some of our colleagues are going to have to leave in just a little while, and we have got another panel.

Dr. PAIGE. Yes.

Chairman LELAND. Can I just ask you to move to your recommendations, if you will?

Dr. PAIGE. Yes, yes. This is——

Chairman LELAND. Forgive me for the interruption.

Dr. PAIGE. No apology necessary. One becomes enamored with one's own rhetoric.

So, let me move to——

Mr. KOSTMAYER. We do not want anybody talking longer than we talk.

Dr. PAIGE. Let me briefly move to the heart of the recommendations and that is integration of services. You have already touched upon this, but it is a point that we feel very strongly about, I certainly do, and that is to end the piecemeal approach to assisting the poor, eliminate unnecessary bureaucracy which serves to deflect many needy individuals from receiving service, and the endless certifying and recertifying for services, as Mr. Rohde so eloquently spoke to, a more unified approach to qualifying individuals and families for eligible health and nutrition services, recognize the difficulties in meshing these services and clearly cross-agency coordination can accomplish this.

I am convinced of it. There are examples which do exist where cross-agency coordination can result in a cooperative effort. Transform the WIC Program into an entitlement program.

I think this piecemeal approach to WIC is without any logical basis, and it is becoming increasingly illogical week by week.

The program is of a demonstrated value, and it is, therefore, illogical to spend vast sums of WIC administrative dollars to maintain an awkward infrastructure of health personnel engaged in qualifying and requalifying individuals. All data point in the direction that to triage out the very small percentage of individuals in poverty who may not meet a particular nutrition risk criterion is very costly, defeats the logic of a preventive intervention program, and results in large numbers of needy individuals failing to receive services.

End bureaucratic barriers influencing WIC Program participation. The increased bureaucratic directives out of the regional office and the central office have had a chilling effect basically on program administers throughout the country as well as here in Maryland. It has substituted creative and vigorous program administration with over-attention to endless streams of paper moving in steady columns through proper channels.

The paper flow has prompted one State nutritionist to coin the phrase "confetti federalism." Confetti federalism has been more effective in silently achieving program cut-backs than could be openly accomplished through legislative debate in the halls of Congress.

Increase outreach. Eligible individuals need to be made aware of the programs. Congressman Espy raised earlier the question, is not there a lack of faith between absence of dollars and increased outreach. My answer to that would be yes, an absolutely lack of faith, and this absence of funds has chilled any enthusiasm for outreach; therefore, tempered the activities on the local level and resulted in effectively disenfranchising a large number of individuals from participating in the program as a result of the fear that local administrators would be overrun by services and create a politically untenable position within a particular county as well as the State.

Expand enrollment in the free and reduced-price breakfast program. Despite Ms. Weatherholtz' comments regarding the need to broaden the program for all children, we have a particular responsibility to address the needs of our low-income population, and we must increase the enrollment in the School Lunch Program and we must begin to readdress the School Breakfast Program.

This is one opportunity we have as she mentioned, we have a captive audience, we have an 180 days to influence their nutritional well-being by providing them with breakfast and lunch, and there is no reason why we should not do that. The reason the breakfast program has stagnated is because there is an unwillingness on the part of local administrators, school administrators, to get yet into another program which is noneducational.

I empathize with that point of view, but it is a limited point of view because the School Breakfast Program and School Lunch Program will feed directly into the cognitive development and intellectual well-being of that child in both the long and short-term basis, and a hungry child will not learn adequately in class. This is not rhetoric. This was demonstrated by the USDA in their child nutrition study in 1981-82.

So that arguments to the contrary, we need to get into this very substantively, and this is an area where we can influence what is being done.

[The prepared statement of Dr. Paige appears at the conclusion of the hearing, see p. 110.]

Chairman LELAND. Dr. Paige, if I can stop you right there, our colleague, Mr. Kostmayer is going to have to leave, and he did want to get in at least one or two questions before he left, and I will come back to you.

Pete.

Mr. KOSTMAYER. Well, thank you, Mr. Chairman.

I appreciate your allowing me to go out of turn, and I will be very brief about it.

Dr. Paige, I just wanted to ask you what I asked the previous panel about the notion of prevention here, preventing teenage pregnancies, and I understand that once the child is born, we are going to care for that child fully and completely, and we ought to do that, but is prevention a component here? Is the State of Maryland, the city of Baltimore, the United States, doing enough to give young women, especially young poor women, the opportunity to plan the size and spacing of their families?

Dr. PAIGE. I was very conscious of the question as you raised it earlier. In fact, I think I have taken more notes than I have testimony. So, that is either good or bad, and I was actually going to indirectly move to respond to your question by one of the recommendations which suggests a better integration of health services into and coordinated with nutrition services.

We have had an uneven history with respect to this issue. The WIC Program in its inception was designed uniquely to be integrated into health services and has become increasingly alienated from health services due to a lack of enthusiasm on the part of health care providers to deal with the WIC Program and its multiple crises.

Therefore, they have developed an arms-length relationship and increasingly less WIC service is being provided as an integrated element of the on-going health services, both here in Maryland as well as nationally.

That leads to the question that with the partitioning of these various services, we are going to get less integration and we are going to move further away from the point that you are attempting to make and develop, and that is an integration of on-going total health services, looking at the individual as a single individual who has a variety of needs, and in the absence of that, we are not going to adequately address it.

We are going to have this stop gap approach as someone mentioned earlier. Well, now they are pregnant, now I have to deal with it. This is not the attitude that a progressive nation, a progressive health department, should have with respect to meeting the multifaceted needs of its poor individuals.

Being poor is the hallmark of being at risk, and being poor and being at risk is the hallmark of needing comprehensive health care services, family planning services, immunization services, nutrition services, counselling, social services, support systems and jobs, and until we get to that, we are going to be deluding ourselves in addressing each one of these issues in a piecemeal fashion.

We bring our own rhetoric, our own professional expertise to one segment of the area, and it is really up to Congress, it is up to the administration, it is up to the State administrators, to integrate these services and move away from this petty parochial bureaucracy which leads to increased teen pregnancies.

What a shame. 13.7 percent. A country like Spain, I was shocked when I read it, where family planning services are not a central part due to a variety of cultural and religious beliefs, a central part of the discipline of that country and, yet, 7 percent births, less than 20 years, twice the number in our country. It is incomprehensible.

Mr. KOSTMAYER. Well, thank you, Doctor, very much. You missed your calling. You should have been a Senator. But I appreciate your expertise and your dedication.

Just one question, Ms. Martin. You said that after age 75, there are two females for every male?

Ms. MARTIN. Yes.

Mr. **Kostmayer**. Well, that is the best news I have heard in some time. I see I have something to look forward to. I am getting there, I am not there yet, but——

Chairman **Leland**. If the gentleman will yield, I think what you were saying, Ms. Martin, is that women survive longer than the men.

Ms. **Martin**. Right.

Mr. **Kostmayer**. Well, better to have women than men.

I appreciate your testimony, both of you, and, Mr. Chairman, I appreciate your allowing me to go out of turn. I thank my colleagues for their courtesy.

I am going to yield my seat to the gentleman from Maryland, Mr. Cardin, who I think is with us.

Mr. **Cardin**. Thank you very much.

Mr. **Kostmayer**. Coming up right behind us.

Chairman **Leland**. We are pleased to have been joined by the gentleman from Maryland, Mr. Cardin. He is not a member of the committee, but he was very kind to come to join with his colleague, Mr. Mfume, from Maryland to participate with us.

We always welcome our colleagues who come from areas or districts where we are holding our hearings. Welcome Mr. Cardin.

STATEMENT OF HON. BENJAMIN L. CARDIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

Mr. **Cardin**. I thank you very much, Mr. Chairman.

I do have a statement that I would like to make part of the record.

Chairman **Leland**. Without objection, your statement will be submitted in full in the record.

Mr. **Cardin**. Thank you.

[The prepared statement of Mr. Cardin appears at the conclusion of the hearing, see p. 125.]

Chairman **Leland**. Let us move on. Dr. Paige, if you do not mind, we would like to engage in questioning right now.

Based on your experience, what impact, and you alluded to this, has the reduction in WIC participation had on the health status of low-income women and children?

Dr. **Paige**. Without question, the absence of WIC for high-risk women will result in an increase in low birth weight. I think there is general consensus about that. Low birth weight is costly. It is costly in dollars and cents to the State and to the individuals so affected. It is also costly in emotional terms and it is costly in terms of on-going morbidity.

Those who survive require on-going services throughout their life.

Chairman **Leland**. Your prepared remarks suggest a need for expansion in the School Lunch and Breakfast Programs. You also articulated what that does to young people's potential to learn.

How would you suggest expansion of the School Lunch and Breakfast Program be carried out?

Dr. **Paige**. We need to mandate within the State and there has to be incentives on the part of the Federal Government to expand the School Breakfast Program.

Currently, there is no standard with respect to the cost per school breakfast. When we took testimony throughout the State, the cost for a school breakfast ranged from 89 cents, this is 2 years ago, 89 cents per breakfast in Baltimore City, to as high as $3 and some odd cents in Howard County.

The differential in cost is used to discourage individual children who can afford the program from participating. No sensible parent is going to wish to continue to pay $2 or $3 or a $1.50 for breakfast. We need, therefore, to make it attractive for those who can pay and equally competitive for those who are third-party payers for breakfast programs.

Chairman LELAND. Very good.

Ms. Martin, Older Americans Act programs providing meal services for the elderly are not means-tested. What steps are taken to target these services to those in need?

Ms. MARTIN. What we have done is to locate our nutrition sites in areas where there is a predominance of poor. We have done this for several reasons. One is we have limited transportation facilities and it is just economical to locate the sites within a community, so this is what we have done to reach the people that are really at risk.

Chairman LELAND. How does the transfer of funds from the congregate meal program affect stability in participation?

Ms. MARTIN. We have not transferred funds from the congregate program or the home-delivered program—or very few—through the cooperation of our area agencies on aging, who have been very supportive of this program.

We did not mention contributions because those are in the testimony. One thing that takes off the onus of poverty is that people are able to make a contribution toward the cost of the meal, and those contributions are used only for buying food.

This is different than it is in many States, so that we have tried to protect those contributions and to serve as much food as we can.

Chairman LELAND. Very good. Mr. Emerson.

Mr. EMERSON. Thank you, Mr. Chairman.

I do not have any questions at this time. I thank you both for your excellent testimony.

I will make one observation, though. Earlier this week, we had a hearing of the Select Committee on Hunger about the need to have the one-stop shopping that we talked about for comprehensive social services, and I see that we have got here even in the nutrition arena a need to consolidate there.

One of the fears I think we all have is that with four or five different committees in the House, four or five different committees in the Senate, and four or five different agencies and departments in Government, all having a hand in a variety of these programs, how are we ever going to overcome the turf problem.

I guess maybe that is one of the things we are going to have to examine. That is going to be probably the most difficult problem we face. I think everybody agrees on the merits of what the end result should be, but it is going to be difficult struggle to get from here to there, but you have both given us some excellent testimony.

Dr. Paige, I am going to read and reread the testimony because you have given us a lot of very good ideas here.

Thank you.

Chairman LELAND. Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

I want, too, to commend Dr. Paige and Ms. Martin for their excellent recommendations, particularly Dr. Paige in spelling out specifically some of the things that we can do to improve these programs.

Now, I was very much interested in your focusing your attention on the cost-effectiveness of nutrition programs, and really all of this is prevention. When Mr. Kostmayer talked about what are we doing about prevention, providing food and taking care of nutritional needs are essentially prevention in health matters.

Have you seen any studies that show the amount of savings that we enure as a result of nutrition and food programs? You mentioned some of the cost savings. Ms. Martin referred to the billions of dollars for hip fractures as a result of frailty that results from a lack of proper nutrition.

Have you found any statistical information that shows the amount of savings government enures as a result of these prevention-kind of programs?

Dr. PAIGE. I would refer you briefly to one table in the testimony and it is three tables in, which indicate, and this was done not by an advocacy group, but this is the data from the National Academy of Science Institute of Medicine following a 3-year report, which is issued, "Preventing Low Birth Weight," and in that report, this is only one table, indicating the low birth weight percentage decrement, from 11.5 to 9 percent, which is a conservative estimate of the impact of WIC.

The cost savings in dollars is $37,648,000. That is one element alone. Recently, the report in the Journal of Disease of Children from the CDC, another government agency, has reported quite dramatic decrements in the level of iron-deficiency anemia in low-income children. They did not factor out the costs, but I can tell you that when I started to practice pediatrics, iron-deficiency anemia was a major problem within the community, resulting in many, many hospitalizations.

That has been decreased to very low percentages of 2 to 3 percent compared to levels of 18 percent in reports out of Philadelphia, Washington, DC, in the early 1970's.

Dr. Guthrie in Washington, others, and that decrement is very palpable. Almost every pediatrician will report the same information. That has not been given a dollar figure, but it is substantial.

Of interest, too, is the fact that in the CDC report, those children not participating in the WIC Program did have a much higher incidence of iron-deficiency.

One of the unknown factors, which we have struggled with now for a decade is what is its impact on the intellectual performance of these children. That is extremely difficult to measure. It is a very difficult indicator, but the data increasingly points to the fact that cognitive development is enhanced by increased and improved nutrition in the early years, and what we are losing is the brain power and the intellectual power which cannot even be quantified in dollars and cents.

Mr. GILMAN. With all the criticism out there that we continually hear about the cost of nutrition programs and hunger programs, I think it is extremely important that we focus some attention on the cost-effectiveness of these programs. If you can pinpoint some of these other areas where that information might be available to this committee, Mr. Chairman, I think we ought to take a look at what the total savings are in health costs, which are one of the primary burdens of government today, of meeting the health costs, of the savings that we enure as a result of these nutritional programs.

Chairman LELAND. Dr. Paige, any response that you might have in that area, we would appreciate it, and we will leave the record open for that purpose.

Dr. PAIGE. Be delighted to, Mr. Chairman.

Mr. GILMAN. I thank the panelists for their attention and their contribution.

Chairman LELAND. Mr. Mfume.

Mr. MFUME. Mr. Chairman, I do not want to ask questions at this time, except to indicate for the record that I do have a question for both, but I will forward them and the responses be included in the record.

Dr. Paige, I want to apologize for missing the second half of your testimony. I committed to do some live TV and they could not wait.

Let me thank both of you, though. I read through your testimony yesterday evening, and I appreciate your time in being here today and would you please give my regards also to the Senator, and I hope everything is OK with her.

Thank you both.

Chairman LELAND. Mr. Espy.

Mr. ESPY. No questions, Mr. Chairman.

Mr. EMERSON. Could I ask one question of Dr. Paige?

I was curious. What would be the result of that differential in the cost of a breakfast between Baltimore and Howard County?

Dr. PAIGE. Well, we tried to explore this. We were unsuccessful in actually determining the precise difference. Each local administrator and the individuals responsible for developing the breakfast can purchase and develop the breakfast as they wish, but the distinctions were not a function of hot or cold breakfast or in the quality or the nutrient density or calories of the breakfast.

They were predicated on local differential in cost, and this has to be eliminated.

Mr. EMERSON. Boy, that is——

Dr. PAIGE. It is. We were struck by that difference also. We explored it at great length and remain confused as to why that must be so, and this is where a Federal initiative must come in. There has to be incentives and disincentives for that type of cost, and more to the point, I think the parents need to be aware of these differentials and not be kept silent, but we need a more open debate regarding how the counties and the State and nationally we wish to address this disparity in cost.

Mr. EMERSON. Boy, that is really broad. Must be some administrative factor there. The price of eggs does not vary that much, you know.

Dr. **Paige**. We concluded that it serves as a disincentive for participation, and whether that is an unspoken barrier, I am not prepared really to comment on, but share the question mark with you.

Chairman **Leland**. Thank you both. Thank you so much.

Our third and final panel for today's hearing consists of Jan Houbolt, Ann Miller, Marcia Kingslow, and Michelle Parker.

Mr. Houbolt has served as the director of the Maryland Food Committee for the past 5 years. Ms. Miller is the chairperson of the Maryland State Advisory Council on Nutrition. Ms. Kingslow is the director of economic development for the Maryland Food Committee. Ms. Parker is currently participating in the Food Stamp, Medicaid, and Aid to Families with Dependent Children [AFDC] Programs. She will speak about the obstacles she has faced in securing and maintaining benefits.

The committee would like to thank all of you for joining us today, and I would like to extend a personal thanks to Mr. Houbolt and the Maryland Food Committee for their assistance in making this hearing possible.

Let us start with Ms. Miller. Let me also ask and tell you that we are under very severe time constraints now, if you can just give us your recommendations, we will enter your testimony in the record in its entirety.

Ms. Miller.

STATEMENT OF ANN MILLER, CHAIRPERSON, STATE ADVISORY COUNCIL ON NUTRITION

Ms. **Miller**. I will be very fast.

I have—my present occupation is the result of the committee, the council that Dr. Paige headed, I am chairman of the Advisory Council on Nutrition for the State of Maryland. We have been in existence for a little over a year and one of the things that we decided at the very beginning and have concerned in everything we have done is that there must be some coordination of services within the nutrition field.

If you look at your testimony, you will discover that Maryland spends $327 million a year on nutrition, most of that is Federal funding, but when you see figures like that, you realize how important coordination is.

These programs, in many instances, reach the same population. You have heard before that they do go through this terrific procedure of eligibility, each one being a little different, and this makes for a great deal of confusion and extra work.

You have heard something about the Maryland WIC Program. I would like to tell you what the results of some of this paperwork have been. In the State of Maryland, because of the paperwork which has resulted from the voucher program, the case load has been reduced from 50 percent of eligibles to 30 percent of eligibles, putting it in line with the national average.

We used to have an excellent program here. The administrative costs have climbed from $4.12 per participant in 1985 to $5.24 per participant in 1987. The case load has increased per month while the total number of clients has decreased. In other words, clients, the same clients come in oftener. We are not reaching the people that we should be reaching, and because so much staff time is being used to process clients, there is less time available for nutrition education.

So that when we say that there has been a process through the Federal Government which has actually cut the efficiency of the program, these are some of the figures that go ahead to prove it.

Another thing that I would like to call to your attention that is a real concern is there are two types of Federal programs, funding programs, that have to do with nutrition. One is the entitlement way, which is where food stamps, school lunches, et cetera, fit in. The other is the cap program which have to do with the WIC Program and the program for the elderly.

You have heard and I think we can prove it every time that those programs which are capped do not reach nearly as many people as they could. What happens is that the director does not know at the beginning of the budget year how much money there is to spend. So that in the beginning, the counties and the State are very cautious in spending that money and then, at the end of the year or when they suddenly discover what they have, there is a big rush to put people on the program and then, when the next year rolls around and you are not sure what you are going to get, you start cutting down on your outreach and on putting things together.

So, I would certainly echo what Dr. Paige said about not having capped programs. Entitlement programs make much more sense if you are really trying to help people and to see that they are being fed.

I again will go right to recommendations which you have asked for. Plus the other thing that drives us nuts out here is the fact that every October comes the budget crunch. We never know what is going to happen. We wish you would get your house in order and give us some way of knowing that we really are going to get the money that we need.

I think that most of the other things I have here—oh, yes. We would like to see the simplification again of enrollment procedures, electronic cards would make a tremendous difference. You heard that here in Maryland, we have started on something for WIC. You have also heard that the Department of Human Resources is starting on something for their program. This needs to be coordinated. It will not be coordinated until there is some relationship on eligibility between departments.

We would also like to declare a moratorium on rule changes for at least a year, so that procedures can be learned. This is one of the real barriers in getting people on programs. The rules change so frequently that nobody can keep track of them, and the end result is that people are not put on programs, they do not know whether they are eligible, the workers do not know whether they are eligible. A tremendous amount of time and money is spent just on educating people as to these rule changes.

We would also like you to encourage the testing of innovative projects and make funding available. We have found that this is not always true. It is particularly true in the WIC Program. The credit card innovation has been met with a tremendous amount of resistance from the Department of Agriculture. It does exist, by the way, in Ohio. Each one of the regional departments of agriculture have their own rules and regulations. They need to be standardized.

There needs to be more listening to the idea that innovation is important. You cannot continue doing things the same old way. You have to be encouraged to try and find new ways to do things and new ways to reach people.

There is a lot more in this testimony, but I will stop there.

[The prepared statement of Ms. Miller appears at the conclusion of the hearing, see p. 126.]

Chairman LELAND. Thank you so much.

Let us go now to Ms. Kingslow.

STATEMENT OF MARCIA KINGSLOW, DIRECTOR, ECONOMIC DEVELOPMENT DIVISION, MARYLAND FOOD COMMITTEE

Ms. KINGSLOW. Thank you, Mr. Chairman, members.

Mr. Chairman, members of the committee, let me, for point of clarity, indicate that in addition to being director of economic development for the Maryland Food Committee, I am vice president of the board of Cooperative Extension Service here in Baltimore. Much of my experience comes from both of these directions.

I was asked by staff and committee members to share my experience and work with community-based organizations that are working toward food self-sufficiency. I do not work with Federal food programs nor emergency feeding programs, rather I am working to promote economic revitalization programs that will correct some of the deficiencies of the food and farm system, particularly as they affect limited resource communities, individuals of limited means, and small business development.

Now, from that, let me try and make a connection here. I am very concerned that there is some limit to the initiatives to reduce barriers that will only have partial impacts unless we find ways to link them with other projects that are promoting self-sufficiency and changes in the production and distribution of food in underserved communities.

Without these alternatives to the present structure, improved access to food subsidy alone will do little to promote the family independence and nutritional well-being.

My work has taken me to some of the most depressed communities in Baltimore. Communities where over 70 percent of the people are living below the poverty level. They are unable to maintain, few are able to get ahead, and most are caught in the wraps of dependency.

Now, when I talk to folks, one of the things that they tell me is that sure, more food stamps, more social programs would help them, but beyond that, there is a problem with what they would do with those dollars. They feel as though they are captive consumers in a community where the local retail food system is just out of reach for them.

The characteristics of the urban food system in low-income areas is that of high prices and poor quality and limited access, and it is my feeling that even after the barriers are reduced and people have access to the programs that the good folks here are trying to promote, that this lack of access to affordably priced food will continue to perpetuate the hunger and malnutrition that we find in our communities.

I see that alternative food systems and purchasing opportunities are a direction to go once we move beyond the problems that we are trying to address here today. I have had the good fortune of working with a number of neighborhood organizations to create community and economic development programs that promote food self-sufficiency.

The Maryland Food Committee is working with eight community organizations that are setting up community-owned and operated food stores in under-served neighborhoods.

I do not want to go into a lot of details here about the specifics of the store since it is included in my written testimony. We do have minimal outreach programs to people who are receiving Federal food assistance. Because of limits of the volunteer nature of this project, and the staff limitations, we really cannot do adequate outreach to make sure that the people who are receiving subsidies are brought into this program.

What we also try and do through these stores is link them to other food self-sufficiency projects, be they community gardening, food preservation, or health and nutrition programs. As you all well know, the Cooperative Extension Service is very influential in promoting such alternative food projects as these and 4-H youth programs; gleaning, which is the harvesting of leftover field crops; farmers markets; and ultimately urban and rural agricultural exchanges. They promote alternatives to the way food is acquired and distributed in low-income communities.

These organizations are highly motivated and are working to promote independence. They recognize that the outreach efforts that they do are not enough. Linkages with the food assistance providers and people who work with Federal food programs are necessary to promote self-reliance and point families in the direction of nutritional and economic well-being.

I am not suggesting that these types of alternative self-sufficiency programs be a substitute, simply a supplement to the good work that is going on here today, in order to promote future food security for all of our citizens.

I thank you.

[The prepared statement of Ms. Kingslow appears at the conclusion of the hearing, see p. 136.]

Chairman LELAND. Thank you.

Let me assure all of you and the rest of our witnesses that the testimony that you submit is gone over thoroughly by both the staff and members of the committee. So, when you make your testimonies in summary, that does not mean that we do not want to hear what you are saying, in full, we do. Your testimony is invaluable to us.

I just wanted to let you know that and we appreciate your brevity.

Thank you so much.

Ms. KINGSLOW. Thank you.

Chairman LELAND. Mr. Houbolt. I presume I am pronouncing that correctly.

Mr. HOUBOLT. Close enough. Better than most.

STATEMENT OF JAN HOUBOLT, EXECUTIVE DIRECTOR, MARYLAND FOOD COMMITTEE

Mr. HOUBOLT. Because of the breadth and depth of the previous testimony, I will dispense entirely with my written testimony and just make a couple of haphazard comments and then be open to questions later on.

The major thing I would like to address is the WIC Program which a number of people have brought up. It seems there is one major thing that could be done. Shape up USDA's regional office in New Jersey. They have the worst case of the bureaucratic mentality I have ever seen in any organization. It is remarkable.

When the proposals came forward about 3 years ago to change over to the voucher pick-up, a number of us told them what would happen. I remember Dr. David Paige and I sat down with the regional directors from USDA and outlined what would happen, the drop in the enrollment, and proposed a number of alternatives, which they dismissed all of them because of the desire to have internal efficiency, as I remember the word.

I would suggest that if a profit-oriented business was more concerned with internal efficiency than customer service, they would soon go out of business, which was the direction the WIC Program was heading in, in fact.

One of the proposals we made 3 years ago was do not go to this voucher deal, try a credit card pilot project, which we outlined in some detail. USDA said, "No." We asked why not and they said because no one else is doing it. The spirit of innovativeness was inspiring, to say the least.

Several years later, we now have a credit card pilot project due only to the fact that the Annapolis legislature passed a resolution, although USDA was in opposition. That pilot project is proving to be very successful to the clients. They love it. The delivery companies think it is a great improvement, and as you heard Mr. Rohde testify, it looks fairly good once you get rid of some of the costs that are involved in the start-up process and you can switch the computer system over.

Nonetheless, I was informed in a conversation with Ms. Ford just yesterday that she did not think it was going to fly, that USDA is setting up so many pieces of opposition, I have seen some of the letters, that there does not seem to be any way to push it forward. This is a shame. It is a possibility of a model that could be served nationwide that would make life much easier for WIC clients and ultimately for the local people in the front line, but the concern for "bureaucratic efficiency" in New Jersey seemed to be derailing this whole project.

So, if I have one major recommendation, since most of the other recommendations already have been made, it is to just go and talk with the folks and say let us have a little bit of a spirit of the entrepreneur, let us have a little bit of encouragement for something new that might work rather than this constant obstruction of some blockades.

Let me just jump very briefly to the Food Stamp Program now and very briefly, make a couple of recommendations that might have been missed.

The Food Committee would recommend that we increase the minimum benefits from $10 to $20. What we have found is that minimum benefit of $10 is not motivation enough, particularly for the elderly, to participate, if they have to take a taxi one way and back and forth and by the time they are through, there is no net benefit in the process, and that a minimum benefit of $10 is virtually no benefit at all.

The other problem that we have seen is that although we recognize there are many difficulties with mailing the food stamps, we have also seen that in some areas, such as Baltimore County, that have switched over entirely to the mailing of food stamps, some people live as far as 35 miles away from where they will have to go and pick up food stamps, and a 70-mile round trip to pick up food stamps is hardly a motivation to stay in the program, particularly if you are talking about $20-$25 worth of food stamps. There is no motivation.

I will cut off my testimony at this point. I know that the day has been long already.

Thank you.

[The prepared statement of Mr. Houbolt appears at the conclusion of the hearing, see p. 151.]

Chairman **Leland**. Thank you very much.

Ms. Parker.

Will you identify yourself and also the person accompanying you?

STATEMENT OF MICHELLE PARKER, PUBLIC ASSISTANCE RECIPIENT

Ms. **Parker**. My name is Michelle Parker, and this is Nakea Taylor, my daughter. She has a hypoplastic left heart, and that means that whole left side of her heart is missing.

We receive DSS——

Chairman **Leland**. Hold on, Ms. Parker. We do not want to miss any part of your testimony, so if you can—if you want, you can send that little girl up here and I will take care of her—get closer to the mike, inorder that we can hear you better.

Ms. **Parker**. She is a hypoplastic left heart. That means the whole side of her left heart is missing. We receive DSS and that is vital to her growth and the success of open heart surgery and research that she has already experienced and still has to experience.

My problem was that we went with DSS for 2 months without any money or food. When they did get around to giving us something, it was with the help of Congressman Mfume and his staff members. I did receive $40 worth of vouchers.

I applied for WIC four times. Twice in the city and during carrying her at 5 months and twice after having her. I have not yet received anything.

As far as the living allowance that we get, which I think you say is like $2 to $3 a day, which does not include rent or gas and electric, especially if you board from somebody and they charge you $200 and you are only getting $269 or $280.

That does not leave much room for gas and electric bills or things like that. As far as schooling and stuff, a case of milk, without the help of WIC, is $40 and I have to buy two cases of milk plus fruit and juices. That is not enough for me. It helps her, but still I am here, too.

Pampers are $10 to $11 a box, and you have to buy those. That is $20. That does not leave you much for anyone, and as far as picking up food stamps, for the elderly, not just myself, but elderly people, there is a lot of elderly out there with heart problems, leg problems, who cannot get out to these places and pick them up, you know. Me, myself, I cannot leave my daughter because she turns blue, she might—they pronounced her dead three times. I cannot just leave her with anyone.

So, I cannot get out and pick up food stamps from a certain spot. I cannot take her out in 100-degree weather. I cannot take her out in extreme cold weather. So, it is very difficult for me.

I am only 22 years old, not that it is anybody's fault.

Chairman LELAND. I am sorry. How old are you?

Ms. PARKER. Twenty-two. It is a lot for me to have to deal with. I am currently on my own with the help of section 8 and I do not pay rent, but I still have gas and electric. My gas and electric bills are usually from a $130 to a $170 plus I have to keep in the summer time the air running all the time because of her. The gas, the heat, may be the same thing because I have to keep it at a certain temperature all the time because of her. She cannot be too hot, she cannot be too cold.

So, I mean, the program—the system itself is to help, it is not just the system, it is some of the people inside the system. Book knowledge is fine. I am all for education, but some of the people do not know too much about not having and you need somebody in there who knows and that can tell and can relate to other people and their needs.

That is all I have got to say.

Chairman LELAND. Well, what you said is very profound and you said it very eloquently. We thank you very much for having the courage to come before a congressional committee like this and particularly bringing that beautiful little girl here. We really want to thank you.

Let me just go to some of the other witnesses and then get back to you, Ms. Parker, if you will.

Mr. Houbolt, you noted in your testimony that the Maryland Food Committee was started in response to a finding that 4 out of every 10 school-age children in Baltimore showed signs of malnutrition.

How have these numbers changed?

Mr. HOUBOLT. I have not seen a recent study in Baltimore City of school-age children, but we do know that, and it is true nationwide, that in low-income neighborhoods, some of the indicators of health have been negative in the past 7 to 8 years. I cannot give you precise figures.

Chairman LELAND. What kind of campaign does the Maryland Food Committee employ to encourage schools to participate in the National School Lunch Program?

Mr. HOUBOLT. I should probably turn that over to Ann Miller because she was with the Maryland Food Committee back there in 1969 when it was first formed and why do I not let her speak to that?

Chairman LELAND. Please, Ms. Miller.

Ms. MILLER. The Maryland Food Committee came into existence because of that study which was done by the health department, which showed 50,000 kids who were anemic. At that time, the mayor appointed a task force. We found that with a 112,000 kids in the city school system, 3,500 of them were participating in the School Lunch Program. One of the reasons was because most of these schools were in the inner city and had been built in the days before cafeterias. So, kids were sent home whether there was anything to eat at home or not at lunch time.

As a result of the work of the task force, we were promised that by the beginning of the next school year, a school lunch would be available for every child who needed it. That did not quite happen. In fact, that is why the Maryland Food Committee was formed. We were told that the job of the voluntary community was to provide sandwiches for 50,000 kids every day. There was no reason why we could not go ahead and do it.

We did not agree with them, and because of some demonstrations, we had a poverty meal, our Governor found miraculously that we had $1 million that he could use to see that school lunches were provided.

By the end of the following year, the number of 3,500 had increased to 37,000 kids who are receiving free lunches. We also were able at that point to get legislation which required every school in the State to provide lunches for every child and to maintain a School Lunch Program.

Throughout the State, the numbers increased at just about the same rate as they did in the city. We were able to see that a form was produced so that every family knew that school lunches were available. Before that, the way they decided who was eligible for a school lunch, the principal and the school nurse got together and, of course, every child who was dirty and ragged was poor, every child who acted out in school was poor, and nobody else was. So that that was how you decided who was entitled to a school lunch.

We have come a long, long way since then, but that was what the Maryland Food Committee did.

Chairman LELAND. Very good. Thank you.

Ms. Kingslow, you deal with the economic development of the individual and the community in your work with the Maryland Food Committee, please tell the committee how your efforts are helping people cope with poverty.

Ms. KINGSLOW. Well, I think that one of the biggest benefits that it has provided is lower cost food through these community-managed food stores. In my written testimony, I indicated the study that the Maryland Food Committee had done in 1984, that showed that the average cost of food in communities without supermarkets and where large numbers of the people are living below the poverty level, is 40 percent higher than what you would find in suburban supermarkets.

Although we have not been able to come up with very hard numbers, we are finding that the price of food in our stores is approximately 28 percent less than what you would find in the neighborhood competitors, who are small, generally family owned independent grocers.

Chairman LELAND. Very good.

Ms. KINGSLOW. Let me add that there are ancillary-benefits that come through because the project is community owned and put together by people who live and have a stake in this community.

Not only are the benefits economic but they add to the social fabric of the community and the ability of people to feel like they have participated.

Chairman LELAND. Ms. Parker, let me ask you. I presume by your testimony that you are caring for your daughter alone, is that correct?

Ms. PARKER. Yes.

Chairman LELAND. And that means that you are not married?

Ms. PARKER. No.

Chairman LELAND. Where is the father, if I may ask? Does he help at all?

Ms. PARKER. No.

Chairman LELAND. He does not help at all?

Ms. PARKER. No.

Chairman LELAND. Thank you for coming before our committee. Let me now yield to the gentleman from Missouri.

Mr. EMERSON. No questions, Mr. Chairman.

I just want to thank all the witnesses for their statements. Very fine testimony.

Chairman LELAND. Mr. Mfume.

Mr. MFUME. Thank you, Mr. Chairman.

I do not have any specific questions. I do want to promise Mr. Houbolt that I am going to take him up on that challenge regarding USDA. I think it is a sin really in the name of fiscal prudence alone, the administrators they are, to realize the wisdom of trying something different if, in fact, it has been proven to work, and I want to assure you that I am going to follow that up and will be in consultation with you as well as members of this committee regarding that.

Ms. Parker, I want to thank you again, even though the chairman already has, for coming before this committee. It is not always an easy thing to do, but committees of the Congress like this are effective on matters such as this when we have individuals who are willing to come forward and to bare themselves, essentially, so that we might get a better feel and greater sensitivity of how deep some of these problems can cut, and I thank you very much for being with us.

Ms. PARKER. Thank you.

Mr. MFUME. Thank you, Mr. Chairman.

Chairman LELAND. Thank you.

Mr. Gilman.

Mr. GILMAN. Thank you, Mr. Chairman.

I want to thank these panelists and all the other panelists for providing very effective background for us as we examine the effectiveness of all of the programs.

Mr. Houbolt, how is the credit card system that you are utilizing? Is that throughout the entire Baltimore area? How extensive is it?

Mr. HOUBOLT. No. It is a pilot project that is taking place in two areas of the State. One region of the city, around 250 clients, I believe, and in Prince Georges County, with about 500 clients. It is very difficult, of course, because the computer is not configured to do that. So, there is a bunch of manual work that has to be done that would not have to be done normally if the system was set up on a full State-wide basis.

Mr. GILMAN. Can you tell us a little more about how that is implemented? How do you utilize credit cards?

Mr. HOUBOLT. Well, right now, with the voucher system, the client has to come in on a regular basis to pick up the voucher, and as Mr. Rohde so graphically demonstrated, there is an incredible amount of paper work that that client has to deal with.

In this particular case, the client has to come in and pick up the card and then when that card is embossed on the voucher, the voucher becomes a negotiable instrument. So, the client no longer has to continually come in and pick up all these vouchers and keep all these vouchers and have them there to pass them out. The client only has to deal with this one card.

It also seems to me that in the future we are going to move toward electronic benefits for almost all of the programs. It is a matter of when, not a matter of if, and now is a good time to start accustoming people to using that plastic more and more.

Mr. GILMAN. And, Ms. Miller, is this electronic system you are referring to, the credit card?

Ms. MILLER. No. The credit card that they are presently using is not electronic system. The DHR is talking about an electronic system and one of the things that the council is trying to do is to get these two departments together so that they can work out one card that will fit everything, but, meanwhile, we would love to see them experiment as they presently are with a credit card to make sure that this is the direction in which we want to go.

Mr. GILMAN. And I assume that both you and Mr. Houbolt and our panelists favor the integrated system, the one-stop shopping system, that we are talking about?

Ms. MILLER. Oh, my heavens, yes. The sooner the better.

Mr. HOUBOLT. If I can just add to something Dr. Paige has already said. They want to close down our pilot project this December and unless that interaction takes place, it is probably dead in the water.

Mr. GILMAN. They have already told you they do not want to continue that? Dr. Paige?

Dr. PAIGE. Thank you for the opportunity to address that. The plans currently are to stop the program as of December of this year, permit an evaluation to go forward which certainly I would agree with, under the jurisdiction of the University of Maryland, in order to determine the benefits of such a program and consider reinitiating it.

We have a 3½ year history of attempting to implement it. I doubt that once it is closed down in December the practical outcome will be any renewal of effort in this area.

I might say that the regional offices approved this in January with respect to this issue because they are considering an electronics smart card which would integrate a variety of these issues into a plastic card, but they gave directions to the regional office to stifle this particular activity at this time. They have done everything to impede the initiation of this project.

The data from the dairy companies indicate that over 90 percent of the enrolled recipients are actually receiving products. This is different than an eligible client who is enrolled but frequently cannot pick up the food and, therefore, lose services. The overall estimate is 70 to 75 percent of those eligible enrolled participants actually receive food. With the home delivery, the percentage has always been higher and that is why it has been a strong area of commitment in Baltimore to this particular approach.

The credit card permits an even higher level of food receipt, which is the bottom line to this whole activity, and I find it very discouraging to think that the State in concert with the feds will close the program down at the end of December. This is on the drawing board and that is the intent. I do not believe it will be resuscitated. It was just an attempt to appease and assuage the concern of the State legislature.

Mr. GILMAN. Thank you for calling that to our attention. I appreciate the testimony of the panelists.

Thank you, Mr. Chairman.

Chairman LELAND. Mr. Espy.

Mr. ESPY. Thank you, Mr. Chairman.

I again know that we are pressed for time. So, I will just ask a couple of questions. First, to Ms. Kingslow, and second, to Ms. Parker.

But, first, let me say to Marsha, Mr. Chairman, you might not be aware of it, but I would like to inform this committee that Ms. Kingslow's talents in agriculture, in general, go beyond the geographic limits of the Baltimore metropolitan area.

In fact, Mr. Chairman, Ms. Kingslow was very instrumental in helping me to conduct a workshop on agriculture last week at the Congressional Black Caucus annual event. So, I want to thank her publicly for that and acknowledge her talents to this committee.

In your testimony, you talked about the difference or the disparity between food prices in neighborhood stores, as they are called, and suburban supermarkets, and I am astonished that it would be this much of a difference. Forty percent increase in prices in neighborhood stores than the food prices charged in suburban supermarkets.

I would like you to just comment briefly about why and, second of all, I want to conduct my own investigation because in Mississippi, of course, this committee conducted hearings in Mississippi a couple of months ago, and I was astonished to find out that this was also sort of true.

Being secondarily we found out, Mr. Chairman, that on the day that public assistance recipients received food stamps, right around the date to 2 to 3 days after, food prices were being raised, then after that 2 or 3 day period, they decreased 5 or 6 or 10 percent.

I want to ask you, is that just—is that consistent with what I am—with what you have been finding out?

Ms. KINGSLOW. Yes, yes, it is. Let me first thank you for your kind comments, and it was a real pleasure to work with you and your staff and participants there at the Caucus. I think they are doing fine work. They extend beyond just the Agriculture Committee to tie in to food and hunger issues throughout.

Yes. You touched on a significant point, and I think it is a phenomenon that you will find in most areas that do not have major supermarket chains within, where they are dependent on small independent grocers for the provision of food within these neighborhoods, whether they be urban or rural.

I credit it, and others do, there are studies that substantiate this, that part of this trend is tied into the exodus of supermarkets from these communities that was occurring, particularly after the riots of the 1960's, and has pretty much reached its peak.

When you find supermarkets in urban areas and particularly depressed areas, they are generally in or on the fringe of those communities that are gentrifying. So that the pattern of small mom and pop stores is about all that you have to sustain these communities.

The price difference in these areas from that in suburban areas can be credited to a number of factors. I think the most obvious is scale and that these operations are very small. They do not have access to purchase the wholesale product on a market where the price is fair. They are dealing in a highly competitive environment. They cannot turn their stock over as rapidly. Their overhead costs are much higher. Their ability to—I do not want to go on because you are pressed for time and some of this is involved in my written testimony.

Suffice it to say that the scale is one of the major problems, but also investment patterns in poor urban and rural communities are part of the problem. With some incentives to encourage those who can provide food at a price that is fair and equitable, I think the problem could be redressed. You are right and it is a phenomenon that you will find across the country, in urban and rural areas.

Mr. ESPY. Thank you.

Mr. Chairman, when we were in Mississippi and this was brought to light, we asked that the staff conduct some research into the entire question of the increase in food prices right around the time of the receipt of food stamps and other public assistance benefits.

I want to ask that you perhaps will do more in bringing this to light. I also sit on the Subcommittee on Domestic Marketing, Consumer Relations, and Nutrition of the Committee on Agriculture, I am going to bring this to their attention.

Although we in Congress and we in Government cannot do a lot to determine food prices or practices out in the marketplace in any respect, for that matter, I do think that the vendors that receive USDA assistance could be made aware that this is a problem and remedied. To me it is exploitative and it is oppressive and it ought to stop.

Mr. HOUBOLT. Can I just add that the Department of Human Resources in Maryland is looking at a project in which they are trying to find a way to create group buying power for people on Food Stamp Programs and find some way to leverage markets that do have these high prices to lower the prices and also to counteract that effect where the prices do tend to go up right when food stamps go out, and I know that Mr. Hunt, who testified earlier, is spear-heading that particular movement.

If you wanted more information, you could probably get in touch with him about that.

Mr. ESPY. Great. Very good.

And very quickly, Mr. Chairman, I want to also impress upon Ms. Parker that her testimony and her presence is very important because, again, we can sit in Congress and talk to experts and professors and administrators until they are blue in the face, but until we actually see someone receiving the benefits that can tell us first-hand whether or not it is getting to them and the kind of hassles they have had to go through in getting these benefits, we really—it is just hard to tell.

Michelle, I want to ask you, the costs—you indicated the particular medical problems that you are experiencing with your daughter. What kind of special hoops, if you will, have you had to go through getting benefits and do you think that those—the public assistance administrators are sensitive to the needs of recipients with special medical problems?

Ms. PARKER No. Because——

Chairman LELAND. Please move closer to the microphone, if you do not mind.

Ms. PARKER. Sorry. No. Behind the fact that social services do have records, documentations, specifying her sickness and the need for us to receive these things, and each time that I have went and talked to someone, I have gotten the run-around until, like I said, I called Congressman Mfume's office and had him and his staff to help me out. They went even as far to tell me after coming in from a hospital visit, because I get Medicare from the hospital, I just asked the taxi driver to let me off in front of the social service building so I would be able to pick up food stamps that I had not received, that they had in the office for a whole week, and I had been calling, then the supervisor told me I had to ask her for bus tokens. She said no, and it would make more of a woman out of me if I walked 3 miles with my kid.

It is not just the systems, it is some of the people within the system, and without the help of the hospitals and other people, I would not have made it, and I do not really think it is fair, especially when the month begins the 1st and you receive food stamps the 18th, the 19th, the 20th. I mean, how are you supposed to eat from the first to then?

Mr. ESPY. OK. Thank you.

Thank you, Mr. Chairman.

Chairman LELAND. Let me recognize Mr. Mfume.

Mr. MFUME. Mr. Chairman, again, I want to offer my thanks to you and to the ranking minority member from Missouri for agreeing to convene this hearing here in Baltimore.

I have been here all my life and, so, a lot of these problems are not new to me. I did, however, want all of you to have the opportunity to hear what I think we will continue to hear as we go around this Nation, that there are barriers to access, and those barriers are not always technical barriers. A lot of it happens to deal with the mind set of individuals who are in positions to make change.

I wanted this committee here to hear that and to at least join with me and allow me to join with the committee in working in a very bipartisan fashion and doing some things administratively. You know, people think of Congress and they think you legislate and legislate and legislate. This is a different era we are in.

I mean, it is an era of fiscal austerity, an era of fiscal prudence, people want to make sure that programs work, and where that is possible and to whatever extent possible, I believe that administratively there are a number of things that could be done that do not necessarily require legislation because the rules are already there.

It is hearings like this that help identify where those administrative problems exist.

My thanks again to all those who have come before us today to offer testimony in your own special way, and I am sure it meant a lot to you. You have taken time out of your day to be with us.

As the chairman has indicated, all of this becomes part of the official record, and this committee will be meeting to further discuss this and to come up with ways of assisting, and I really mean that. I listened to Mr. Rohde and heard about the problems with USDA not allowing the appropriation that had already been appropriated with funds for purchase of a computer. It just doesn't make sense.

The other problems that have been outlined that regard and relate again to administration and the carrying out of administrative policy are things that we can do.

Let me just say this, also. We do not come here with any real quick answers, but we all do come here with a very real commitment, and that is one of the promising things about this committee that caused me to gravitate to it early on this year and to request membership, because the people here do care. They do not just care about this area, they care about all areas around this Nation, and again I promise you, in fact, I give you my word, that much of what we have heard here today in terms of what we can do administratively, I will find a way to get it done.

Again, I thank all of you for your presence.

Thank you, Mr. Chairman.

Chairman **Leland**. Thank you, Mr. Mfume.

Let me just say on that note that we have thoroughly enjoyed and also understand the problems presented here. We will go back to Congress with a ready commitment to do what we can not only to help the people of Maryland but also the people of this Nation given your example.

I thank my colleagues for being here. I thank the witnesses, especially, for participating. I thank you, Mr. Mfume, for inviting us here. We are better for our presence here today.

Thank you so much.

This committee hearing is adjourned.

[Whereupon, at 12:59 p.m., the committee was adjourned.]

[Material submitted for inclusion in the record follows:]

PREPARED STATEMENT OF HON. MICKEY LELAND, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TEXAS

Good Morning. I am Congressman Mickey Leland, Chairman of the House Select Committee on Hunger. I would like to thank Congressman Mfume for inviting the Committee to the 7th District of Maryland today to receive testimony on the important issue of barriers to participation in public food assistance programs in Baltimore. On Wednesday, the Committee held a hearing in Washington to examine efforts to simplify and better coordinate major public assistance programs. During the proceedings it became clear that many States have reached their limit on what they can do to better intergrate programs within the welfare system. As a result of this impasse, the client is often confronted with obstacles which preclude their participation in assistance programs for which they may be eligible. Reducing the complexity of the system, however, is not the only obstacle we see preventing participation in these programs.

The Committee has come to Baltimore today, to hear firsthand from those who operate, evaluate, and supplement the public assistance programs, how the the complexity of the system and other barriers thwart needy individuals from fully participating in Federally sponsored public assistance programs.

In the 1970's Maryland was on the verge of eliminating hunger from its list of problems. Today, hunger among Marylanders is a very real and growing concern. Just ten years ago, the use of food banks and food pantries was minimal. Today, their use in Baltimore and throughout the State has increased dramatically. This situation is being echoed around the country. The President is continually reminding us of the economic revitalization taking place in this nation. Things may be getting better for some; however, the low-income and economically disadvantaged of this nation are not on the receiving end of this economic resurgence. Instead, they are being removed from the public assistance rolls by administrative and social barriers.

Therefore, it is up to the Members of this Committee to bring the messages that you will convey to us today back to Congress, and then respond with appropriate action. We can no longer accept a public assistance system that would rather serve administrators needs than clients needs. I would like to welcome our distinguished witnesses here today, to what I believe will be a very enlightening proceding.

Prepared Statement of Hon. Kweisi Mfume, a Representative in Congress From the State of Maryland

I AM PLEASED TO WELCOME THE SELECT COMMITTEE ON HUNGER TO MY DISTRICT TODAY AND I THANK ALL OF THOSE IN ATTENDANCE FOR BEING HERE. I AM MOST GRATEFUL TO THE STRAWBRIDGE UNITED METHODIST CHURCH AND REVEREND JOHNSON FOR ACCOMODATING THIS SESSTION.

TODAY, AS WE EXAMINE THE SUBJECT AREA OF "BARRIERS TO PARTICIPATION IN FEDERAL FOOD PROGRAMS", I HOPE THAT WE WILL BE MOVING CLOSER TO ADDRESSING THE PROBLEM OF HUNGER IN THIS NATION.

IT IS BELIEVED THAT SOME 20 MILLION AMERICANS SUFFER FROM HUNGER. AND YET, AMERICA IS NOT A POVERTY-STRICKEN NATION. THIS NATION HAS THE RESOURCES AND THE ABILITY TO END HUNGER SIMPLY IF WE WISH TO DO SO. ALL THAT IS NECESSARY IS THE POLITICAL WILL.

HOWEVER, THE PROBLEM OF HUNGER IS EVER INCREASING. NEARLY 32.5 MILLION AMERICAN LIVE BELOW THE POVERTY LINE ($11,203 FOR A FAMILY OF FOUR). SINCE 1979, THE NUMBER OF AMERICANS LIVING IN POVERTY HAS INCREASED BY 6.3 MILLION. AND, STATISTICS SHOW THAT WHILE THE NUMBER OF AMERICANS LIVING IN POVERTY HAS INCREASED, FOOD STAMP PARTICIPATION HAS REMAINED THE SAME AND FEWER STUDENTS RECEIVE SCHOOL LUNCH. IN FACT, THE UNITED STATES IS THE ONLY INDUSTRIALIZED NATION WHERE CHILDREN MAKE UP THE LARGEST SEGMENT OF THE POVERTY POPULATION--ALMOST 40 PERCENT OF THE U.S. POVERTY POPULATION ARE UNDER AGE 18.

STILL, THE POLITICAL WILL NECESSARY TO ADDRESS THE PROBLEM OF HUNGER IN THIS NATION DOES NOT EXIST TO THE EXTENT THAT IT SHOULD. IN FACT, THE ADMINISTRATION'S BUDGET PROPOSALS FOR FY 1988 CALLED FOR MORE THAN $1 BILLION IN NUTRITION PROGRAM CUTS. THIS WOULD HAVE CAUSED NUTRITION PROGRAMS TO BEAR ONE-THIRD OF PROPOSED SPENDING CUTS, ALTHOUGH THEY CONSTITUTE ONLY ONE-NINTH OF THE FEDERAL BUDGET. THE ADMINISTRATION CLAIMS THAT THE TRULY NEEDY ARE BEING SERVED. I WOULD MAINTAIN THAT ANYONE WHO GOES HUNGRY IS TRULY NEEDY.

WITH THE STATUS OF HUNGER IN THIS NATION AS IT IS TODAY, THE WORK OF THE SELECT COMMITTEE ON HUNGER AND GROUPS LIKE THE MARYLAND FOOD COMMITTEE, EMERGENCY FOOD PANTRIES AND SOUP KITCHENS HAS NEVER BEEN MORE CRITICAL. IN MARYLAND ALONE, THERE ARE MORE THAN 700 THOUSAND MEN, WOMEN AND CHILDREN NOW LIVING NEAR OR BELOW THE POVERTY LEVEL. THE GOVERNOR'S TASK FORCE ON FOOD AND NUTRITION REPORTED IN 1985 THAT THERE WAS A DOUBLING TO TRIPLING OF DEMAND AT FOOD PANTRIES AND SOUP KITCHENS SINCE 1980. AND, AT THE SAME TIME, FEDERAL ENTITLEMENT PROGRAMS LIKE SCHOOL MEALS AND FOOD STAMPS WERE UNDERUTILIZED WITH AS MUCH AS $75 MILLION A YEAR LOST TO CLIENTS AND THE MARYLAND ECONOMY.

THE BARRIERS TO PARTICIPATION THAT EXISTS POSE A SERIOUS THREAT TO AN ALREADY THREATENING PROBLEM. THESE BARRIERS INCLUDE PROGRAM COMPLEXITY, INSUFFICIENT KNOWLEDGE OF PROGRAMS AND ELIGIBILITY CRITERIA, ILLITERACY, CLIENT TRANSPORTATION COSTS, AND THE STIGMA ASSOCIATED WITH PROGRAM PARTICIPATION. THESE PROBLEMS ARE FURTHER HEIGHTENED BY LACK OF COMMUNICATION AND COORDINATION AMONG SOME OF THE ADMINISTERING AGENCIES.

TODAY, WE WANT TO MOVE CLOSER TO ELIMINATING THESE BARRIERS. OUR WITNESSES HAVE WORKED LONG AND HARD WITH THESE PROGRAMS AND I LOOK

FORWARD TO RECEIVING THEIR TESTIMONY.

MARYLAND IS COMMITTED TO ENDING HUNGER IN AMERICA AND HAS ESTABLISHED A RECORD OF PROVIDING SOME CRITICAL SERVICES WITH STATE FUNDS THAT WERE PREVIOUSLY PAID FOR WITH FEDERAL DOLLARS. WITH REFERENCE TO SCHOOL MEALS, FOOD STAMPS, ELDERLY NUTRITON, AND THE WIC PROGRAM, MARYLAND HAS ACTED TO CLOSE THE GAPS CREATED FROM FEDERAL CUT BACKS.

ALSO, MARYLAND HAS THE FIRST AND ONLY PILOT PROGRAM FOR A WIC CREDIT CARD. THIS PILOT IS DESIGNED TO PROVIDE RELIEF FROM THE PAPERWORK AND LOWER ADMINISTRATIVE COSTS AND I AM SURE WE WILL BE HEARING MORE ABOUT THIS PROGRAM FROM OUR WITNESSES TODAY.

I AM HOPING THAT THROUGH THIS HEARING WE WILL MOVE CLOSER TO THE GOAL OF ASSURING ACCESS TO ADEQUATE FOOD AND NUTRITION FOR ALL CITIZENS.

PREPARED STATEMENT OF RUTH MASSINGA, SECRETARY, MARYLAND DEPARTMENT OF HUMAN RESOURCES

I realize that the primary reason for this hearing today is to discuss the continuing problem we have in feeding hungry people in Maryland and the rest of the country. I do not shrink from my responsibility to speak candidly about the level of services provided by the Maryland Department of Human Resources and what we need to do to raise that level. However, I do want to take this opportunity as I begin my testimony, to **"accentuate the positive"**, for I believe it is important to know what has already been accomplished in order to get a clear view of where we should be headed.

In particular I want to mention the growth of the Food Stamp Program and its current status in America's efforts to protect our citizens from the ravages of poverty. To my way of thinking the Food Stamp Program provides one of the best examples of how government can act to have direct impact on a serious social problem. During the 60's and 70's the need for a national effort to combat hunger was clearly demonstrated. In addition to planning for a substantial expenditure of federal resources, this new program would have to be designed with a strong foundation in fiscal accountability and with the administrative capacity to be responsive to both the needs of the individual and the integrity of the program itself. In addition, coordination between federal, state and local agencies would be needed. No mean task.

It is to the credit of the lawmakers and administrators involved that the Food Stamp Program was designed with the essential elements necessary to sustain its growth. The basic logic behind the coupon system, the eligibility determination process and the reporting and monitoring systems is so sound that it has repelled the attacks made on the program in recent years. Aside from Social Security and Supplemental Security Income, it is the only welfare program in which we apply national standards in every state. At this point in the history of our efforts to improve the plight of the poor, the Food Stamp Program stands as one of our truly significant national accomplishments.

Another positive indication that we are headed in the right direction is the current welfare reform movement. This movement has brought some critical issues concerning poverty and the people who live in poverty into the focus of national attention. Inter-generational welfare dependency and wide state differences in public assistance payment levels are problems that exist to a much greater extent than they should in a country with the resources and problem solving energies that we have. It is my hope that the Congress will integrate into the final welfare reform plan the concept of the coordinated reform of, if not all, at least the major federally-financed programs that directly affect the poor.

I am pleased that the Congress, State governments and professional associations have taken the lead in crafting legislative and program solutions to these issues. Minimum benefit levels, coverage of two parent households, enhanced employment and training programs and remedial education programs for all recipients of public benefits are elements needed in a system that makes sense in today's social and economic climate. We need the same resolve we have seen during the development of the Food Stamp Program to truly bring about the reform of the larger welfare system. The time to act is now given to consensus of conservatives and progressives, policy makers and administrators that the system is in desperate need of new goals and direction.

In preparation for change; let me discuss some of the issues that concern us in the current operation of our Department's programs. Some of these issues translate into barriers to participation for certain of our clients and therefore cause us great concern. I think it is helpful to separate these issues into two categories; first those which evolve from the nature of the welfare system and second those which are policy focused.

Heading the list in the first category are the related problems of the negative image of the Food Stamp program in particular and welfare programs generally, and the stigma some poor people attach to these programs. Early in the current administration's term in office the Food Stamp Program and the AFDC program were used as prime examples of runaway federal spending. They were also categorized as an easy mark for those who would defraud the government. This exaggerated political rhetoric has done considerable damage to these programs in the public's mind, especially among the elderly. This image naturally leads to the reluctance on the part of many to participate in these programs. The stigma experienced by recipients is not confined to the visit to the department of social services, it happens also whenever they use their food coupons. So long as the coupon sets the beneficiary apart from other shoppers, we discourage the full participation of eligibles. This is particularly troubling when the poor aged forgo adequate nutrition due to their feelings of shame and unworthiness as food stamp users.

It may seem simplistic to say that a change in attitude on the part of the government is the solution to this problem, but it may be a big part of the answer. The message conveyed in the National Ad Council's Food Stamp campaign which said that with the Food Stamp Program "America has made a place at our table of plenty for you" should be the same message that we hear from our political leaders.

Another issue we deal with daily is the treatment that applicants and recipients receive in our local departments. I am sure that the committee has heard every time that they have held public hearings like this that the application for assistance is a painful experience for most people. Ill treatment of clients by workers has no place in the management of our programs. In Maryland, we have taken some concrete steps to address this issue. We have conducted statewide training for our staff that has emphasized that clients must be treated courteously and professionally. In addition, we have also streamlined our complaint procedure so that complaints about poor treatment are handled expeditiously at both the local and state levels. We do not deny that there continues to be room for improvement in this area. We realize that it is a difficult job to tell someone that they need yet another item of verification, that their benefits are going to be reduced or that they are not eligible for assistance at all. While the possibility for problems such as these is part and parcel of this program, we need to emphasize that unnecessary program complexities (over which we do have control as policy makers and which we will discuss in more detail later) tend to always worsen this situation. Bringing a client to an understanding of why a certain thing is so is very difficult task. It becomes almost impossible when, once that is achieved, one has to tell the client that for another program the rules are all different.

The next issue I want to discuss of those which are endemic to the system is the maintenance of the balance between client service and program accountability. Over the years in Food Stamps and other assistance programs the issuance of benefits has become based more and more on independently verified information. The process of verification is evolving from the simple providing of pay stubs and rent receipts to now include the extensive search of computerized files. All of this is to achieve the highest possible level of accuracy in the expenditure and targeting of of billions of tax dollars. I certainly accept program integrity as one of my department's goals. However, as the Urban Institute has pointed out in its studies of error rates, state agencies run the definite risk of allowing the management of this vast amount of information to overwhelm the concern they have for the individual. In Maryland, we are committed to take an approach in all of our programs that maintains this necessary, administrative process in its proper relationship to the responsibility we have to those in need, especially those in an emergency situation where usual verification procedures are impossible or inappropriate.

I want to now discuss those areas where we can seek to make improvements in the programmatic aspects of our assistance programs. First, to cover a large range of problems, there should be a renewed effort to coordinate and simplify these programs. For too long we have accepted that these programs are dissimilar because they are controlled by different congressional committees and different regulatory agencies. HHS and USDA have spent years meeting on this issue on the regulatory level - with little result. Moreover, these agencies have deferred work completely on policies contained in statutes. Does it not make more sense to bring the programs together at a higher level?

For several years, states and professional associations have put together specific recommendations as to how simplification and coordination of assistance programs can be achieved. While these are numerous, I would like to highlight those areas we think are most essential. Forms and notices to clients for applications, redeterminations and changes should be consistent. Verification requirements and standards for verification should be uniform. Terminology and definitions of income, income exclusions and deductions, assets (or resources), and asset exclusions should be consistent across program lines. Case processing standards for applications and eligibility time frames ought to be the same. Finally, work requirements need to be the same and also consistent with available resources.

The Congress and regulatory agencies need to take these recommendations and implement the ones that they believe are in the programs' best interest. This effort is long overdue. Until this action is taken states will be stymied in their attempts to consolidate all of the current prescribed elements and activities into a single uncomplicated application for assistance, applicants will be bewildered by conflicting program requirement and taxpayers will pay the bill for useless duplication.

In concert with program coordination and simplification, we need to get away from the tendency to have Congress legislate even the most minor adjustments to the Food Stamp Program. For example, in a recent issue of the Federal Register, USDA informed states that Congress has prohibited the exclusion, as a resource, of large fields used for the maintenance and parking of vehicles used to transport physically disabled household members. As an example they said that only one quarter of a one acre field could be excluded. Since this acre in question would already have been excluded if it were considered part of the home or as farmland, I venture to say this regulation very likely does not pertain to a single Maryland food stamp recipient.

Rather than legislate and regulate for every circumstance in each particular program, the programs should operate with one basic set of definitions and policies. In addition, State agencies should be given broad flexibility in the application of program regulations. Mechanisms, which currently exist, should be used to administratively settle issues which fall outside program guidelines.

I want to also address the issue of the error rate sanction system. For Federal Fiscal Year 1986, all but eight states have received sanction letters. The penalties that this system would impose for that period totaled $217 million dollars. These are far in excess of what the amounts would be in any rational system. Clearly action must be taken to bring some sense back into Quality Control. The time and effort the states spend to contest these penalties in the Food Stamp and AFDC programs are wasteful expenditures. The sanctions have had the effect of eroding the federal-state partnership which is essential to the effective operation of the programs. Similarly, concern with the reduction of errors, many of which are only technical in nature, has led to inappropriate barriers to participation. We need to be concerned with truly erroneous cases, not the ones that the current, indiscriminate system calls "errors". Congress should begin immediately to restructure the system using the National Academy of Sciences study as a starting point. All sanctions imposed to date should be erased.

Finally in this area, I would like to mention the issue of levels of assistance. We think that USDA's Thrifty Food Plan as the basis for food stamp allotments needs to be re-examined. For too long recipients have been telling us that their food stamps do not meet their needs. Congress should determine if the Low-Cost Food Plan better suits the situation of persons in poverty. Some will find it easy to dismiss this recommendation because it will mean an across the board increase in food stamp allotments, but this evaluation of the food plans is an essential step necessary to establish the program's adequacy in addressing the hunger problem.

Tied to this effort to adjust the national standard in food stamps is the one to move to a national standard in AFDC. I strongly urge your favorable consideration of legislation affecting the AFDC program which would provide for a National Family Living Standard. At the very least, I urge passage of legislation to have the National Academy of Sciences do a study of the feasibility and desirability of a national standard or a set of regional standards which take into account the varying costs of living in different sections of the country.

The changes I have discussed here should be integral to the Congressional deliberation on the overhaul of the welfare system. I would hope that the administration will share in the formulation of new goals from this process. We should be proud of our past accomplishments in combating hunger and poverty. What we need now is the clear commitment on the part of all levels of government to place our assistance programs in their proper place on the nation's agenda of priorities.

We need a strong set of domestic policies which are comparable to our foreign and defense policies and which are compatible with and supportive of our role as a world leader.

Thank you.

PREPARED STATEMENT OF MELVINA FORD, DIRECTOR, MARYLAND WIC PROGRAM

The Supplemental Food Program for Women, Infants and Children, the WIC Program, serves as an adjunct to good health care to improve the health status of mothers and their children during critical periods of growth and development. WIC provides prescribed nutritious foods and nutrition education to low income, nutritionally-at-risk pregnant and post partum women, infants and children under age 5. WIC foods improve intake of protein, iron, essential minerals and vitamins. Nutrition education helps mothers to shop for more nutritious foods for their families and to prepare those foods in a manner that preserves their nutritive content.

Studies have shown that pregnant women who participated in WIC had longer pregnancies and fewer premature births. They had earlier prenatal care and fewer low birthweight babies. Low birthweight babies are 20 times more likely to die than babies born at normal birthweight. They account for half of all infant deaths in the first year of life. Among WIC infants there is less early infant death. In addition, babies of WIC mothers show increased head circumferences reflecting better brain growth. Children receiving WIC benefits are better immunized and are more likely to get regular medical care.

In Maryland, our rates of teen-age pregnancy and our rates of infant mortality are among the worst in the nation. It is estimated that over 120,000 people are eligible for WIC benefits. However, only 41,000 women, infants and children receive benefits. We are unable to serve more because there just isn't enough money. Some of the most needy areas in Maryland are turning away WIC applicants because we have reached the maximum caseload that our under $16 million funding allows.

With the allocations provided for WIC foods, states have powerful inducements to spend at least 95% of their allocations without overspending. The fear of overspending nearly precludes any possibility of spending 100% of the available funds. For example, a state that spends 99.9% of a $20 million food allocation leaves $20,000 unspent. Twenty thousand dollars can provide iron-fortified formula for 40 babies for an entire year. Yet, because of the complexity of managing all variables to arrive at a perfect $20 million in a year, it is likely that money would be returned to the funding agency and 40 babies would not be served.

Last year, in an attempt to alleviate this situation, Congress passed and the President signed H.R. 7 permitting states to spend up to one percent more than their food allocations, borrowing the monies from the next year's funding. There is a proposal to delete the provision even before its effects can be seen. The borrowing provision is not the perfect answer, but it is an answer that should not be withdrawn before there is another in its place.

If there were enough money to serve all the people who are potentially eligible, there are at least three categories of needy people who would still be unable to get WIC benefits. Among these are many pregnant teen-agers. In determining whether an applicant falls within the income guidelines, WIC looks at family income. If the income of the teen-agers' parents is above the WIC income limits, the teen-ager is not eligible. Worse, her child is not eligible for WIC because the grandparents' income is above WIC limits. This is true even though the young mother and child may be eligible for Medical Assistance.

In one of our local WIC clinics, I recently met a woman who had come in a pick-up truck from another state with her three young children and her husband who was looking for work. The husband had not found work; nor had he found a place for his family to live. They had no address. Without an address, it is difficult to meet the residency requirement for receipt of WIC benefits. Workers were able to certify the children for WIC after a friend stated the wife and children could stay with her on a temporary basis.

The third category that I want to mention is the large number of people affected by lack of knowledge about WIC. It is vital that potential clients, health professionals and social workers know what WIC does for whom. They need to know that through WIC a mother can learn enough about good nutrition to feed her family well beyond the time they are eligible to receive supplemental foods. They need to know that the income limits for WIC are up to 185% of the poverty level. Clinicians need to know that careful assessment by a nutritionist may show that dietary intake is inadequate and the patient is eligible for WIC even though no adverse medical condition appears upon clinical examination.

Above all, people need to know that WIC works! They need to know that a dollar spent on WIC saves three dollars in medical care; that the cost of neonatal intensive care is as much as $1,000 per day while WIC can serve a mother and her baby for under $1,000 for a full year.

WIC is a good investment. Let's invest more in WIC.

PREPARED STATEMENT OF JOAN H. WEATHERHOLTZ, CHIEF, NUTRITION AND TRANSPORTATION SERVICES OFFICE, MARYLAND STATE DEPARTMENT OF EDUCATION

The Maryland State Department of Education is responsible for administering eight federally funded programs which are designed to improve the nutritional intake of our citizens. All but one of these are specifically for children. They include the National School Lunch Program, School Breakfast Program, Special Milk Program, Child Care Food Program, Summer Food Service Program, Food Distribution Program, Nutrition Education and Training Program, and the Temporary Emergency Food Assistance Program. Maryland has been proud of the high number of participants in these programs and has consistently worked to increase it. However, there are numerous barriers to participation.

To provide you with an understanding of these barriers it is necessary to look at some general concerns as well as more specific items affecting the various programs.

The first general concern is cost. In 1982, after major budget cuts were enacted, we saw a major reduction in participation. School lunches served to paying children declined by 26 percent and to reduced price children by 42 percent. Breakfasts served to paying children declined by 47 percent and reduced price by 75 percent. This loss of student participation was a direct result of increased meal prices to students in the paid and reduced price categories. In 1987 the State of Maryland made funding available to return the price of reduced price meals to the 1981 level. As a result the number of students receiving reduced price lunches increased by 17 percent and the number receiving reduced price breakfasts by 105 percent. We believe that this will be even better in 1988.

The second general concern relates to School Nutrition Programs and the Child Care Food Program. These are intended to be nutritional programs for all children. Their primary purpose is to contribute to the health and well-being of children by promoting and serving nutritious meals and by providing nutrition education materials. During this decade there has been a major move at the federal level to try to make these programs welfare programs. This emphasis has kept many institutions and private schools from sponsoring programs and many children from participating where the programs are available. The publicity has created a belief that these meals are available only to children eligible for free and reduced price meals. Since many institutions, schools, parents, and children do not want to be identified as poor, they simply do not avail themselves of the benefits of the service This remains a problem despite all of the work that has been done to protect the identity of children eligible for free and reduced price meals and to try to explain the overall purpose of the programs.

In Maryland we are pleased to have all the public schools sponsoring the National School Lunch Program and approximately 61 percent participating in the School Breakfast Program. However, a recent Maryland needs assessment shows us that over 40 percent of all Maryland children come to school without breakfast, and more than 85 percent of the participants in the breakfast program are eligible for free and reduced price meals.

The third general concern is the amount of time necessary to administer the programs. Accountability is certainly important in any program, but, in these programs, our local sponsors are burdened with more and more responsibility. Many of the small, as well as some large, institutions and schools do not have the staff to manage the programs. Sponsors are spending many hours working with state officials to complete such activities as the Verification, Assessment, Improvement, and Monitoring System, the Key Element Review System and processing free and reduced applications, processing policy statements, and distributing tickets to protect the identity of children eligible for various benefits. The costs of such activities are often so great that administrators conclude it is not beneficial for them to receive the food and monies to help improve the nutritional intake of the children. This is a major concern of private schools and residential child care institutions. In Maryland we are fortunate to have a county-wide system for our public schools which allows us to at least have a part-time food service supervisor in each of them.

A fourth general concern is the lack of trained staff. To handle the responsibilities related to administering these programs, one must understand nutritional requirements of the clientele, food preparation techniques, and accountability requirements. Most of our sponsors do not have staff trained to carry out these functions. As a result, they often find themselves with problems that result in audit overclaims that they are unable to pay.

Training staff is an ongoing requirement as the turnover is excessive.When the Nutrition Education and Training Program was originally created, it included many provisions that helped this situation. However, the small amount of funds available today make it impossible to meet all of these needs. In Maryland, most of these funds have been used to train food service employees to prepare nutritious food and to provide nutrition education materials for classroom use. We must provide acceptable food if we expect children to eat it and they must be able to make wise choices based on their knowledge of nutrition.

Since 1981 we have experienced overall modest increases even though the enrollment has decreased. A fact sheet showing participation in the Child Nutrition Program from 1981-1986 is attached as Exhibit I. Exhibit II shows the value of food provided to needy families through the Temporary Emergency Food Assistance Program.

The following specific barriers to participation in the programs are those most often cited by sponsors and recipients of the services. They are listed by specific programs and include only those items which can be addressed through the legislative and/or regulatory requirements,

I. School Nutrition Program

A. Start-up funds are not available for new sponsors. These funds are necessary for program planning, equipping kitchens and/or serving areas, and for hiring personnel.

B. The community, administrators, and students lack an understanding of the purpose of the program.

C. Administrative staff is not available to carry out the many responsibilities associated with the program.

D. School principals have many other programs to administer. Meeting the nutritional needs of students is not a high priority with them.

E. Many families have problems in providing the information required to make their children eligible for free and reduced price meals.

F. Middle income families often lack available funds on an ongoing basis to buy lunch and/or breakfast for their children.

G. Peer pressure is often such that children elect not to participate.

II. Child Care Food Program

A. Many small child care centers are not nonprofit and must meet the Title XX eligibility requirements. The centers may serve low-income populations, but the availability of Department of Social Services funds may limit their ability to maintain a 25 percent Title XX enrollment.

B. Since most child care centers are non-pricing, parents do not want to complete the application, and centers are unwilling to ask for this confidential information. The link between applications and non-pricing is confusing.

C. The administrative responsibilities are often overwhelming. They require advance planning, systematic implementation, and organized follow-up. These are sophisticated personnel skills that are not available in most child care centers.

D. There is reluctance on the part of the centers to have outside monitors and to receive federal funds.

E. Time and money to attend training sessions are not available in a child care center or for the provider of a family day care home.

III. Summer Food Service Program

A. Few public agencies are available to sponsor programs in some geographic areas and many of these agencies are not equipped with staff to directly run food programs.

B. In rural areas, adequate transportation for students to food service sites is unavailable. It is too costly to set up sites where few children will participate.

C. The criterion of needing 50 percent eligibility for free and reduced meals before a site can qualify for the program is too high. This means that many children who are in need cannot receive meals.

D. Enrollment of sites that may or may not meet the 50 percent requirement forces the sponsor to gamble on whether funding will be received. Most sponsors simply will not take this chance.

E. Sponsors of residential camps will not participate unless a substantial number of their children are eligible for free and reduced price meals. They indicate that the administrative duties and recordkeeping are too extensive.

IV. Food Distribution Program

A. Administrative funds are not available and sponsors have no means of financing these or food storage costs.

B. Foods are often packaged in sizes difficult to handle in small operations. (It is our understanding that this will be addressed when new legislation is completed for this program.)

C. The quantity or form of foods may not be usable in the school or institutions in an efficient manner.

V. Temporary Emergency Food Assistance Program

A. There are variations in registration processes at the local level.

B. There are variations in how the needy are served at the local level. Examples of this are (1) long distance to travel for food in rural areas, (2) no provisions made for serving elderly, (3) some locals have senior citizen housing where distribution is made from within, while others have to travel to other sites, (4) hours are not convenient to working poor, (5) some locals have organized a system of home delivery for homebound and disabled, and others have made no provisions for home delivery, and (6) all programs have a system of authorizing representatives to pick up food, but not all homebound programs can arrange for an authorized representative.

C. Commodities are not always suitable for home use or dietary needs. Dietary restrictions, such as low salt, preclude many elderly from accepting all items.

D. A limited variety of foods is offered by the United States Department of Agriculture.

E. We have had a 50 percent reduction in the amount of butter received. Many individuals will not stand in line for the low dollar value items.

F. Due to limited administrative monies, agencies have not been able to advertise as widely as they should. While they all use the newspapers, many poor do not purchase newspapers.

G. States do not know their budgets in advance. We are forced to be conservative in the amount of money we commit because we do not know what our allocation will be until six months into the fiscal year.

H. Reallocation of funds from other states has practically been eliminated which cuts the amount of reimbursement available.

I. The use of volunteers has been a challenge. Maryland utilizes between 4,000 and 5,000 of these and this has called for a great amount of coordination by sponsors. They need staff to make this process efficient.

In summary, we believe that most of the barriers to child nutrition programs can be eliminated by streamlining some of the requirements associated with the programs. Our efforts should be focused on seeing that all children get nutritious meals instead of restricting sponsors so that they find it a burden to provide the service.

Today's programs allow no room for sponsors to take care of children with special needs. For example, the original "hardship clause" went a long way toward meeting this need.

When verification was added to the requirements, we saw a real decrease in the number of students served. Much of this is a result of families being unable to provide documentation. Is it more important to see that the child is fed or to get the documentation?

The Temporary Emergency Food Assistance Program has also been faced with more and more restrictions. Today we must have specific information on every family served. When it first started it was on something of an "honor system". States had much more flexibility in determing how to run the program. Monitoring against specific rules has become excessive. States are faced with large audit overclaims in a program that is basically run by volunteers. Again, reducing the present requirements would help.

We hope that this information will help answer your questions. We appreciate the opportunity to present our views to you and are available should you have further questions.

Maryland State Department of Education
October 2, 1987

EXHIBIT

STATE OF MARYLAND

FACT SHEET

CHILD NUTRITION PROGRAMS

	1981	1982	1983	1984	1985	1986
TOTAL SCHOOL LUNCH PROGRAMS						
Paid Meals	38,423,233	28,215,671	28,381,247	29,475,233	31,675,871	32,422,115
Reduced Price Meals	5,778,507	3,367,084	3,423,132	3,597,420	3,382,003	3,367,565
Free Meals	24,923,192	22,055,901	22,684,871	22,593,653	21,463,899	20,506,889
TOTAL	69,124,932	53,638,656	54,489,250	55,666,306	56,521,773	56,296,569
Section 4 Reimbursement	$11,982,204	$ 5,894,027	$ 6,245,811	$ 6,661,634	$ 7,037,472	$ 7,315,125
Section 11 Reimbursement	$24,680,413	$23,746,961	$25,781,231	$27,043,387	$26,906,612	$26,867,064
TOTAL BREAKFAST PROGRAMS						
Paid Meals	1,471,026	790,350	753,160	791,659	873,288	866,604
Reduced Price Meals	1,099,147	273,615	237,135	262,676	270,254	290,406
Free Meals	6,300,348	5,188,874	5,386,026	5,435,086	5,439,618	5,323,214
TOTAL	8,870,521	6,252,839	6,376,321	6,489,421	6,583,160	6,480,224
[illegible] Reimbursement	$ 4,765,109	$ 3,588,445	$ 3,931,157	$ 4,136,677	$ 4,321,939	$ 4,501,458

	1981	1982	1983	1984	1985	1986
D CARE FOOD PROGRAM						
HILD CARE CENTERS						
Breakfast	1,006,260	1,340,221	1,038,224	1,128,063	1,161,758	1,231,043
Lunch/Supper	1,322,784	1,004,950	1,236,901	1,300,859	1,351,918	1,386,233
Snacks	1,795,560	1,590,518	1,665,422	1,664,384	1,743,751	1,879,395
MILY DAY CARE						
Breakfast	818,496	650,564	1,493,653	1,105,274	1,386,596	1,513,360
Lunch/Supper	1,027,152	1,096,676	1,494,247	2,047,557	2,554,751	2,797,485
Snacks	1,008,388	995,004	1,370,496	1,913,366	2,397,879	2,627,117
TOTAL	6,978,640	6,777,933	8,298,943	9,159,503	10,596,653	11,434,633
Reimbursement	$ 3,948,704	$ 3,669,854	$ 4,743,014	$ 5,939,454	$ 7,098,157	$ 7,681,246
IAL MILK PROGRAM						
aid Milk	37,746,952	6,526,404	3,482,450	3,334,700	3,300,187	2,817,939
ee Milk	-----------	37,571	35,649	32,795	20,512	18,595
TOTAL	37,746,952	6,563,975	3,518,099	3,367,495	3,320,699	2,836,534
Reimbursement	$ 2,338,020	$ 466,327	$ 327,328	$ 313,393	$ 308,369	$ 309,069

	1981	1982	1983	1984	1985	1986
R FOOD SERVICE PROGRAM						
eakfast	69,507	69,522	64,655	56,194	47,807	43,379
unch	890,870	888,594	853,048	890,242	831,036	655,480
ack	34,522	45,664	46,239	45,757	49,430	36,003
upper	69,599	63,853	60,925	60,086	37,445	34,007
TOTAL	1,064,498	1,067,633	1,024,867	1,052,279	965,718	768,869
Reimbursement	$ 1,434,283	$ 1,282,700	$ 1,437,905	$ 1,676,638	$ 1,484,555	$ 1,228,609
DISTRIBUTION PROGRAM						
ood Value	$16,551,899	$14,460,505	$15,929,973	$19,169,498	$19,133,632	$16,757,975
ITION EDUCATION AND INING PROGRAM						
otal Grant	$ 272,393	$ 79,927	$ 79,026	$ 76,579	$ 74,422	$ 73,609

/87

EXHIBIT II

	Actual 1985	Actual 1986	Projected 1987
TEMPORARY EMERGENCY FOOD ASSISTANCE PROGRAM			
Food Value	$10,500,000	$10,238,044	$10,238,044
Administrative Funds	$ 825,684	$ 696,478	$ 632,856
GRAND TOTAL	$11,325,684	$10,934,522	$10,870,900

2/10/87

Responses to Questions for Joan Weatherholtz

QUESTIONS SUBMITTED BY HON. BILL EMERSON

Question. You suggest that a major barrier to participation in the child nutrition programs results from a misguided Federal effort to target the neediest children for free or reduced-price meals as opposed to emphasizing good nutrition for all. This Federal effort makes these programs, as you say, "welfare programs." Considering the significant budgetary restraints you mentioned, should not whatever Federal funds there are available be targeted to those children most in need?

Answer. Many people continue to believe that it is possible to meet the needs of needy children by simply providing food for them. Experience shows that the only way to get children in need to accept the nutritional meals is to make them feel that they are not being treated differently from other children in the school. They must be a part of the accepted social environment if they are going to establish a life for themselves that will make them self supporting. In addition, we must remember that it is necessary to have the program in a school before we can service the needy. History shows us that participation decreases as charges to the paying child increase. Participation of the children from middle-income families is vital if the program is to continue in our schools. What we are faced with is providing a program that will give all children an opportunity to meet their nutritional needs.

To do this we must continue to work toward the objectives as they are presently outlined in the National School Lunch Act.

With this in mind, one cannot only support meals for needy children. We must continue to place our support behind the total program.

Question. Could the problem of the lack of trained staff and the challenge of utilizing 4,000 to 5,000 volunteers somehow be coordinated?

Answer. I see no way that these two concerns can be addressed together. The problem of trained staff related to program administration and food preparation employees, where the problem of utilizing volunteers relates to finding help and having their services when needed. Perhaps one of the activities related to training could be how effectively to use volunteers, however, this will not solve the need problem.

Question. Are you suggesting that verification of eligibility for food stamps be eliminated? Can this help improve the image of the Food Stamp Program, which has suffered over the years?

Answer. No, I am not suggesting that verification of eligibility for food stamps be eliminated. Verifying eligibility by using the food stamp information is one of the easier methods used by child nutrition program administrators. I can't see how this will help the image of the Food Stamp Program because we are very concerned that children are not identified as needy in the school cafeteria. As a result, I would hope that the general public could not observe this cooperative effort.

PREPARED STATEMENT OF STEPHEN ROHDE, DIRECTOR, WIC PROGRAM, BALTIMORE CITY HEALTH DEPARTMENT

WIC is the acronym for the Special Supplemental Food Program for Women, Infants and Children. This program came about as a result of the Child Nutrition Act of 1966 (section 17), with the logic being that:

"substantial numbers of pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income are at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care, or bother. The purpose of the Program is to provide supplemental foods and nutrition education through payment of cash grants to State agencies which administer the Program through local agencies at no cost to eligible persons. The Program shall serve as an adjunct to good health care during critical times of growth and development, in order to prevent the occurrence of health problems and to improve the health status of these persons." [Federal Register/Vol 50., No. 30/Wednesday, February 13, 1985/Rules and Regulations]

Responsibility for the program resides with the United States Department of Agriculture, through the Food and Nutrition Services Branch. The program is administered by states and operated through local agencies selected by each state. In Maryland, administrative responsibility resides with the Department of Health and Mental Hygiene. All local agencies in the state connected with the WIC Program are operated through local health departments.

A client's eligibility for the WIC Program benefits is based on three criteria:

1. The applicant must reside in the jurisdiction area of the local agency;
2. The applicant must meet income criteria where the gross income is less than or equal to the poverty income guidelines issued by the U.S. Department of Health and Human Services for reduced price meals under 42 U.S.C. 1758 of the National School Lunch Act;
3. The applicant must be determined at nutritional risk by a competent professional authority, including a doctor, nurse, nutritionists, etc.

The Baltimore City Health Department's interest in providing food product to infants predates the Federal WIC Program. In the 1930s there was an infants feeding bank run through the Baltimore City Health Department. Additionally, in 1969, the Health Department administered the Model Cities Infant Formula Program.

The Baltimore City Health Department has been involved in the WIC Program since 1974. Historically, the City has comprised close to forty percent of the entire State of Maryland caseload. Despite the fact that the city has had the largest client load of any other local agency in the State of Maryland, the city has consistently had the lowest administrative cost per participant, and lowest food costs per participant. This fact has been due to two separate circumstances:

First, Baltimore City has a referral system of cooperating health care providers that complete nutritional/medical assessments required by the Federal regulations and provide full health care services for the client in addition to WIC.

Second, Baltimore City has always provided WIC Participants with home delivery of their foods. This method allows for lower cost through mass quantity purchase, and sets the cost for individual products over the course of a year's contract.

In the spring of 1985, Baltimore City had one of its largest enrollment caseloads: the amount of clients on the program totalled 22,000 individuals. At that time, the administrative cost of the program was $3.14 per person per month, as opposed to the range in the rest of the state of $6.47 to $23.04. Food costs for that time for Baltimore City was $22.30 per participant per month, compared to $27.95 for the rest of the state.

In the early part of 1985, the results of a Federal Audit of the State W.I.C. Program, the State WIC Program was required to: improve the computer service; assure greater fiscal accountability; have a more timely knowledge of expenditures. The federal audit indicated that there was the possibility of fraud, waste and abuse in the program statewide. No actual evidence of actual fraud, actual waste or actual abuse of program benefits by clients, administrative staff or contractual personnel was shown, but audit inquiry indicated that it could occur.

A number of concerned parties including the involved local agencies and advocacy groups such as the Maryland Food Committee offered suggestions to address the areas in the audit report, including: institution of a credit card program; alteration of the existing dairy delivery slip system to provide more safeguards. In meetings with D.H.M.H. these alternatives were discussed, with some being submitted to the regional office of the United States Department of Agriculture Food and Nutrition Service.

The State WIC Program implemented a voucher distribution program in the fall of 1985. This program required the existing home delivery agencies, including Baltimore City, Anne Arundel County, Prince George's county, Calvert County and several eastern shore counties(under the Hopkins University administration) to distribute vouchers on a monthly basis to clients, in order for those clients to receive food product and nutrition education, and to satisfy what the state felt were the objections raised by the audit.

It was with the implementation of the voucher distribution program that enrollment in the state began to decline. Enrollment in Baltimore City began a precipitous drop lasting well over one year. The plans at the local agency level to distribute vouchers were foiled by events not fully anticipated and contingencies not fully planned for.

First there was the logistical problem of the amount of people coming in to pick up vouchers for the first time. There were long lines, and long waits. This was complicated by cumbersome researching and manual pulling of vouchers.

Second, clients were understandably irritated that they now had to come in once a month to pick up vouchers that they had not previously needed on the program. There was the amount of time to travel to and from the site to pick up vouchers, as well as the wait to receive vouchers. Clients also had to either take their children with them, or arrange (and pay for) child care while they were gone.

Third, people were confused with the amount of paperwork that they now had to deal with. Clients now not only had to have vouchers for each and every delivery, but they now had an ID Card they had to carry in order to get vouchers and to receive their foods, and a Signature Verification Card they had to have signed, and then return it to the office.

Fourth, the [previously] orderly delivery system was upset by the additional amount of work that the driver had to do, by the amount of non-deliveries due to clients not having their vouchers, and by the amount of information that the dairy had to process in order to initiate a delivery.

Though both the local agencies and the state worked on resolving the difficulties, the amount of paperwork and the additional labor necessary for the system were greater than the creative solutions that were arrived at. These solutions included the distribution of vouchers on an every other month basis (instead of monthly), the implementation of mailing of vouchers to clients indicating hardships in picking up vouchers, and the beginning of a new management information system, with specific features thought to ease the local agencies' problems with vouchers.

Clients indicated, by not picking up vouchers and not re-enrolling on the program, that the new features of WIC were more trouble than the benefits received.

As of the date of this hearing, several problems exist at several levels which constitute barriers to participation.

First, and foremost, is the local agency's and the client's difficulty in managing the paperwork inherent in the system.

In a local agency such as Baltimore City, where there is an enrollment of 16,000 participants, the voucher distribution system translates into well over 1,000,000 pieces that have to be processed, logged, filed, researched, etc., just in the course of one year. The local agency is required to keep all information on file for at least a three year period of time.

For the client, it is also a problem. Each client, in the course of each six month certification period with the program, has to deal with more than fifty pieces of paper. For a mother on the program with her two children,this means over 150 pieces of paper they directly come in contact with every six month. It is confusing, time consuming, and demeaning.

Second, and equally important, is the difficulty the local agencies have in getting sufficient and timely information which allows them to monitor their caseload and have relevant information at hand to answer client's questions.

There are two possible solutions to this within the reach of the state.

The first is a personal computer network, so that each site within each local agency has a database on file or access with a database. This would eliminate various reports, and would provide client information on a more timely basis.

This personal computer (pc) network would make much of the manual paperwork obsolete. The issuance and logging of manual vouchers could be done on the pc. The completing of the WIC Form could be done on the personal computer. The transfer of information from the local agency to the state could be completed between computer units over the telephone. The dairy could be notified, the same day that a client is enrolled, of the client's being added to the program, and the client could receive benefits that much sooner.

However, this would benefit the local agency much more than the client. The solution to aid the client, would be to make a hybrid of the voucher system, much like the pilot credit card system is now doing. Under the pilot program, clients only have to come to a site to sign up for the program, to return to pick up the credit card, and to return on their own initiative for regularly offered nutrition education sessions.

The second major barrier not only to services, but to targeting and enrolling the population most in need has to with revision of some of the federal regulations regarding WIC. An example is relevant here.

Pregnant teens are a number one health priority at this time from a community health standpoint. The conditions of pregnancy in a teenager weaken her own body, and place the fetus at risk. Pregnant teens are more likely to have low birthweight babies, and are more likely to have pre-term deliveries. After delivery, they are generally less informed as to what they need to eat to help their own bodies recover, and what their newborn needs as food.

Though this type of client should be put on the program as soon at the outset of the pregnancy as possible, existing regulations make it likely that the pregnant teen will only get on the program once she has delivered, and receives medical assistance for the children. Because of the interpretation of family grouping and income, many pregnant teens, though they need the program, are ineligible because their parents gross income is above the median. If some formula for income interpretation could be worked out, or some alternative interpretation of the family grouping could be arranged, the pregnant teen could receive benefits during her pregnancy, and the teen and her baby would have a much better chance as a result. This would require a change in either the financial determinants of eligibility or a reassessment of the family grouping concept.

A change in this direction would also allow other programs that deal with pregnant teens to make direct referral to WIC based on comparability of income criteria. At present, this type of referral is not consistent with income guidelines.

Another example where federal regulations don't optimize benefits is in the way that administrative dollars are tied with food costs. There is an assumption on the part of the federal regulations that more food monies indicates a larger client caseload. However in agencies with greater food costs, more administrative dollars are allocated (even though the actual administrative costs may not be appreciable more.) Though a state or local agencies administrative costs may be higher than the norm, no latitude is given. The federal regulations allow local agencies to petition the state for additional monies for administration based on demonstrated costs, however there is no parallel action that a state can take to receive additional administrative monies when the federal formula appears insufficient.

insert 1H-6pp

CITY OF BALTIMORE
CLARENCE "DU" BURNS, Mayor

1797

HEALTH DEPARTMENT
[redacted]
Maxie T. Collier, M.D., Acting Commissioner
303 E. Fayette Street, Balto., Md. 21202

Ms. Melissa W. Brown
Minority Staff Director
Select Committee On Hunger
506 House Annex II
Washington, D.C. 20515

13 October 1987

Dear Ms. Brown,

Enclosed you will find information requested by Congressman Emerson during the 2 October 1987 Field Hearing of the Select Committee on Hunger in Baltimore Maryland.

The recommendations are based on the present system in place in Maryland, and the pilot credit card project that is being attempted through 31 December 1987.

I hope that this information is of some help. I am enclosing a copy of the materials forwarded to Mr. Earl Johnson, in the hope that it may also be of help.

Should you have any questions, please contact me at (301) 396-9423.

Sincerely,

Stephen Rohde

Stephen Rohde, Director
WIC Program

CC
BCHD
State WIC Administration

MARYLAND CREDIT CARD PILOT PROGRAM
DESCRIPTION AND RECOMMENDATION STATEMENT

AS REQUESTED BY CONGRESSMAN BILL EMERSON OF MISSOURI
VICE CHAIRMAN OF THE SELECT COMMITTEE ON HUNGER

BACKGROUND

Pre Voucher Distribution

In order to understand the rationale for a credit card system in its proper context, it is important to understand some history of service in the Maryland WIC Program.

Prior to the fall of 1985, Maryland WIC Clients received service in two modes: retail service and home delivery service. The mode of service one received was dependant on which local agency they resided in.Retail service included the clients picking up vouchers on a regular basis from the local agency, and taking them to a cooperating retail outlet to exchange them for specified food products. In the home delivery mode, clients would sign up for the program, and once on the program would have their foods delivered to their door by a specified home delivery contractor. The contractor would know who to serve and where they were to go as a result of a dairy delivery slip received by the home delivery contractor, through the state computer system. When the food products were received by the client, the client would sign the dairy delivery slip, receive a copy, and the dairy would use its copy to document delivery and calculate the invoice for reimbursement.

Payment of the home delivery vendor would occur through a monthly invoice, totaling the cost of delivered products, sent to the local agency holding the contract.

An Office of the Inspector General Audit and a Management review on the part of the regional office of U.S.D.A. indicated improvement was needed in the State WIC Administration. The audit and review indicated that the State needed to keep better track of its expenditures, to keep better track of its fiscal accountability, and to improve the management information system.

The home delivery mode of service, specifically the dairy delivery ticket system, was targeted for needing improvement because of the possibility that delivery tickets could be forged by unscrupulous home delivery drivers, and because of the time it took to resolve the invoice totals.

As a result of this, the State resolved that the home delivery local agencies would be placed on a voucher distribution system as a means of confirming deliveries to clients, and having more immediate resolution of the dairy payment system. The implementation of the system began in September 1985. At that point clients were required to come in to a designated service site to pick up vouchers on a monthly basis. In order to receive a delivery, the client had to show the driver the ID Card, and to sign over the specified voucher for product.

The voucher distribution system multiplied the amount of paperwork the local agencies had to deal with by tenfold. Despite the additional paperwork, funding commensurate with the extra work did not occur. Clients were confused by all of the paper, and a drop off of almost 20% of the caseload statewide occurred in the year and a half following implementation of the program.

CREDIT CARD

The incentive for the state to attempt a credit card project came as a result of a resolution passed in the Maryland General Assembly in the Spring of 1986, by Delegates Rawlings and Rosenberg. Both Delegates had been alarmed by the drop in enrollment, despite evidence that even more people needed the program, and proposed the credit card as a means to lessen the burden on the individual client.

The credit card concept had been proposed by local agency directors and advocacy groups in early 1985 as a solution to the audit and management review reports. It was not received well, and the concept was dropped. It was thought that the credit card would place the extra measure of security in the delivery exchange process. The original objection to the dairy ticket system was that signatures could be forged; the credit card would impose an extra element in the process that would make it more difficult to falsify. In order for the dairy to be paid, not only would the client signature have to be on the voucher/ticket but the imprint of the credit card would also be necessary.

Planning sessions to implement the credit card pilot began in the summer of 1986. Several issues were difficult to resolve including:

Logistics of clients signing up for program and receiving credit card:

Mechanism for assuring clients receive second nutrition education contact;

Logistics of replacing voucher distribution system with credit card token/voucher, despite no alteration of the voucher format or the management information system (computer).

Assuring proper audit trails for all forms, paperwork, etc.

Logistics on where to place imprint of credit card, and how to make imprint on existing voucher.

The program was implemented on April 1, 1987, and at this point is to be continued through 31 December 1987. An evaluation of the program is being planned by an outside agency, with results shared with the all interested parties including the U.S.D.A. Regional Office. Communication regarding the pilot has been shared with the regional office of U.S.D.A. Copies of that exchange can be shared.

Problems with the present format of the credit card system include the following:

a. Clients have not returned for the second nutrition education contact.

b. No modification of the management information system has occurred to accommodate the credit card system. This mean that the local agency and the dairy have to sort through the vouchers, organize them in order of the client routes, place the addresses on the vouchers, and so on.

Thought the original intent of the credit card pilot have been met, decreasing client inconvenience and increasing client participation, it has been done at the expense of the local agencies which must manage even more paper under the makeshift logistics of the program.

IMPROVEMENTS TO THE SYSTEM

Essentially, the credit card system as it now exists is feasible on a grander scale with some modifications.

1. The State WIC Administration needs to accommodate local agency needs on the state computer system, including:

a. having the capability and the willingness to organize vouchers in route order;

b. downloading relevant information to the dairy contractors electronically, on a regular basis;
c. shipping vouchers, in route order, with address and route number on them, directly to the dairy, bypassing the local agency;
d. altering the format of the voucher in order to better accommodate the credit card imprint, and to have it become a negotiable voucher only after the credit card impression has been made.

2. Follow through on the part of the state to have a micro-computer system at the local agency level, so that client information could reach the state computer system and be processed for cards that much sooner.

The revised procedure would occur as follows:

1. Client would apply to the program for benefits, current paperwork would be completed (except for the writing of vouchers). Client would be given idea of whether she was eligible for the program, and if so, would be given appointment to return in one weeks time to pick up the credit card, and return any remaining paperwork (EG. SIGNATURE VERIFICATION CARD).

2. Client information would be relayed by PC (through modem or exchanged diskette) to the State for inclusion on the State Computer Participant database, and to have card imprinted with clients name, local agency information, etc.

3. Inclusion of information on database would trigger delivery voucher printing for that client, on the appropriate basis (weekly, bi-weekly, monthly) until the client needed to recertify or the client was terminated.

4. Dairy would receive delivery information weekly, necessary for the following weeks deliveries, either from vouchers shipped directly from the state, or semi-vouchers printed by the dairy from a state sent magnetic tape.

5. Local agency would receive appropriate credit cards from the state WIC Administration, in time for the return visit by the client.

6. Client would return to clinic, sign for credit card, be given a re-orientation as to its use and the client's responsibilities. Client would return any necessary paperwork (signature verification card), and would receive second nutrition education contact at that point.

7. On appropriate day, dairy driver would come to the client's door, with product and voucher. Client would examine delivery against voucher, and satisfied that delivery items were present, would give delivery man credit card to imprint the voucher, and would sign the voucher.

8. Driver would return with redeemed/imprinted vouchers, which dairy would encode, examine, and send to bank for appropriate payment. Undeliverable vouchers would be returned to the state.

9. State WIC Program would receive "cashed" vouchers from the bank, reconcile paperwork.

Submitted by Stephen Rohde, Director
WIC Program
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620 N. Caroline Street
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(301) 396-9423

RESPONSE TO QUESTION FOR STEPHEN ROHDE

QUESTION SUBMITTED BY HON. BILL EMERSON

Question. You stated in your testimony that in Baltimore City WIC participants receive home delivery. How has this proven to be cost-effective?

Answer. The Federal regulations for the Supplemental Food Program for Women, Infants and Children require the State agency to do regular cost comparison of the modes of delivery and ascertain which mode is the most cost effective. Since the autumn of 1985 the State agency has negotiated and held the delivery contract for all local agencies in the State of Maryland. A full cost analysis should be available from them.

However, I can give you two examples that demonstrate the cost effectiveness of the home delivery mode. When the local agency is involved in a home delivery mode of service, bulk purchasing allows the vendor to purchase items at better than wholesale rates. This is evidenced in two products: infant formula and whole fluid-homogenized white, vitamin D 3.25 percent butterfat milk—referred to hereafter as 3.25 percent milk.

Infant formula is the most costly of any of the products on the W.I.C. Program. Currently in Baltimore City a case of Similac with iron (24 cans per case, concentrated), is available in grocery stores for between $31 to $35. The current home delivery price for a case of Similac with iron (24 cans per case, concentrated) is $21.69 (this price includes the cost of the product and the delivery charge). When compared to the grocery store price, the home delivery price saves Baltimore City $9.31 per case. It is estimated that in Baltimore City over 102,575 cases of Similac with iron are consumed by W.I.C. participants in the course of a year. This means a food cost savings of $954,973.25 compared to retail provision of Similac with iron.

Vitamin D 3.25 percent milk is undoubtedly the most used item by W.I.C. participants. In the grocery store in Baltimore City, the cost of a quart of 3.25 percent milk is $0.79. The current home delivery price for a quart of 3.25 percent milk is $0.524 (this price includes the cost of the product and the delivery charge). This is a cost difference of $0.266 per quart. It is estimated that in Baltimore City over 3,410,310 quarts of 3.25 percent milk are used by W.I.C. participants. This means a food cost savings of $907,142.46 compared to retail provision of a quart of 3.25 percent milk.

My comparison was not scientific. The retail cost was taken from the lowest price for the product that I found in the city. For a more detailed analysis, the State W.I.C. Administration of the Department of Health and Mental Hygiene should have the information that you desire.

PREPARED STATEMENT OF ROSALIE S. ABRAMS, STATE SENATOR AND DIRECTOR, MARYLAND STATE OFFICE ON AGING

Nutrition Programs to Alleviate Undernourishment Among the Elderly

Good morning. I am pleased that Congressman Mfume, whose elderly constituency is one of the largest in Maryland, has convened this hearing. I appreciate the opportunity to testify before this Committee as it explores an important issue: access to programs to alleviate undernourishment in the United States.

My testimony will focus on the causes of poor nutrition and undernourishment among the elderly, the programs that are administered by the Office on Aging and other public agencies that address this issue, and on recommendations for improving nutrition programs for the elderly.

I FOOD AND UNDERNOURISHMENT

The need for food is basic and one that must be addressed before individuals can consider meeting "higher" needs. Getting adequate and correct amounts of food may be a complex task, especially for the elderly who are experiencing social and emotional changes and losses. Proper eating results from the intersection of social, economic, physiological, and health factors.

Food must be purchased and transported, prepared and presented in a satisfying manner, and finally absorbed and used by the body. These seemingly simple tasks will not be undertaken if barriers to proper eating are present; the end result will be the undernourishment of the elderly person.

50% of older individuals have nutrition problems requiring intervention, according to a recent report of the American Dietetic Association. Nutrition problems of the elderly are complicated because of the physiological changes that occur as a result of the aging process. Among these are age-related decreases in organ function which, in turn can affect the absorption, metabolism, and/or excretion of nutrients.

Further complications include the increased use of prescriptions and over the counter medication and nutritional supplements. The elderly are the greatest consumers of both prescription and over the counter drugs. Drugs may interfere with appetite and alter the absorption of nutrients.

Moreover, it is estimated that 50% of the individuals over age 60 have lost their teeth. A recent survey in Maryland of 590 participants in the Nutrition Program for the Elderly showed that 72.2% wear dentures. Persons with improperly fitting dentures may unconsciously change eating patterns and consume soft, high carbohydrate foods, typically low in fiber. This can result in the restriction of essential nutrients in the diet.

The absence of appropriate amounts of minerals and vitamins plays a role in the cause of chronic diseases in older adults such as atherosclerotic and hypertensive vascular disease, diabetes, cirrhosis of the liver, osteoporosis, and certain cancers.

A recent study funded by Ross Laboratories concluded that undernourishment has economic effects. Undernourished hospital patients cost more than well-nourished patients. Such patients with pneumonia, fractured hip, or inflammatory bowel disease stayed 2 days longer, cost the hospital $1160 more per patient, and had charges that were $2,480 per patient more than well-nourished patients. The economic effect was even greater for surgical patients with hip surgery, bowel surgery, or abdominal vascular surgery, where malnourished patients stayed 5 days longer and cost the hospital $2750 more per patient.

The use of clinical signs to diagnose undernourishment is difficult in the elderly as several of the body changes which may accompany aging such as flaking skin and sparse hair mimic specific symptoms of nutrient deficiencies. Another difficulty in establishing relationships between age and nutrition factors is the lack of specific dietary allowances for the different subgroups of the elderly.

Among the important research efforts underway is one in which the USDA Human Nutrition Research Center on Aging at Tufts University and the National Institute of Aging are examining three basic questions: 1) How does nutrition influence the progressive tissue function with aging? 2) What is the role of nutrition in the genesis of chronic, degenerative diseases associated with aging? 3) What are the nutrient requirements of people who are already old? Exploration of these questions is important if interventions to meet the needs are to be developed.

II Key Office on Aging programs that provide or contribute to meal support

A mission of the Office on Aging is to maintain or strengthen the capacity of older Marylanders to be socially and economically independent. Key programs are targeted to those who are at greatest risk of losing their independence, namely low income seniors, frail and disabled older individuals, and the socially isolated aged. By establishing appropriate procedures that target scarce resources, our programs serve individuals who are vulnerable and are likely to be or become undernourished. Following is a listing of these key programs.

o Congregate Meal Program: Eating Together in Maryland

Maryland has a very effective congregate nutrition program. By providing a hot meal that meets one third of the required dietary allowance for nutrients for the elderly AND by providing a social climate for the eating of this nutritious food AND by providing the social supports for getting to the nutrition site or senior center, the congregate meal program does reduce undernourishment among the elderly.

Through the limited Older Americans Act funds, we receive, in FY 1986, we served 2,500,000 meals to more than 47,000 participants, as well as 952,348 home delivered meals to 6,117 participants, 30% of which were minority elderly. We received $5,061,072 in Older Americans Act funds for the C-1 program and $1,077,134 for C-2 home delivered program. Last year in

Maryland, we received almost $1,353,793 in contributions which was used to maintain existing nutritional services.

In 1987, the state legislature approved $400,000 in state funds to support the Eating Together program. Forty percent of the funds were used for home delivered meals and 60% for meals in the congregate program. These funds allowed us to maintain services at the 1985 level. For 1988, an increase to $580,000 has been approved by the legislature. This increase is essential since we are experiencing an 8% increase in the cost of meals.

Operating costs of the congregate meals programs in Maryland were offset by the use of 6,117 volunteers (90% of whom were aged 60+). In addition to voluntary contributions from participants, support comes from local governments, fund raisers, private industry, non-profit organizations, and fraternal and professional organizations and amounts to $1,500,000 statewide.

The Maryland Association of Nutrition Programs in 1986 surveyed 590 congregate nutrition program participants. The purpose of the study was to document the social and economic characteristics of participants. The survey showed that of the participants:

o 72% were female
o 30% were black
o 57.3% lived alone
o the average age was 72 years
o 48.5% said they had arthritis
o 49.0% said they had hypertension

o 59.3% rated their own health as good or excellent

o 32.5% said the nutrition program meal was their main daily meal

o 30.2% of all participants (47.7% of Baltimore City; 55.2% of Eastern Shore) had annual incomes below $5,000.

The study findings tell us that while most nutrition program participants are now healthy, their average age is fairly high and many of them have chronic conditions that put them at risk for problems with daily activities. Moreover, thirty percent of them are poor.

The findings do not tell us to what extent the nutrition program contributes to improved nutritional status among the participants since the research design did not examine that issue. However, there are findings that lend weight to the importance of social factors in the operation of nutrition programs, namely the finding that 59.8% of participants indicated companionship as the main reason for attendance (85.4% of those aged 80+) and that the program is serving a percentage of the elderly poor greater than the percentage found in the total elderly population.

One of the findings of this study indicated the average age of participants to be approximately 72 years of age. It is most likely that this average age will increase in the future. The fastest growing segment of our society's populations is that group of individuals over the age of 85. In Maryland in 1980, the US Census recorded 32,665 individuals at or above the age of 85, In 1990, this number is projected to increase to 41,145, representing a 26% increase from 1980. In the year 2000, there will be 84,440 85+ in Maryland. We are not yet prepared to respond to the special needs the very old segment of the population will have at nutrition sites, but we are beginning to examine this issue more closely.

We expect to receive level federal funding in 1988. In the absence of new funds, the projected 8% increase in meal cost in 1988 will result in a decrease in the number of meals served. Level federal funding also limits 79 of the 285 nutrition sites to operating 3 or fewer days per week.

o Home-delivered meal programs: This program plays a vital role in maintaining older frail individuals who are struggling to remain in their own homes and apartments .Of the 41 home-delivered meal providers operating in Maryland and funded with Older Americans Act monies, six provide meals three or fewer days per week, 26 for five days per week and 6 for 7 days per week. Seventeen providers offer more than one complete meal per day. The remaining twenty-four supply only one meal per day. Clearly, there is a need for expansion to a 7 day per week operation for certain areas of the state, if we are to meet the participants' needs for more than just intermittent meal services.

In many rural areas, the lack of volunteers to drive their own cars and deliver the hot and cold meals is a barrier to further program expansion. We clearly need a way to meet these transportation costs.

o Extended nutrition sites: These day-long nutrition programs are designed to provide six hours of programming and care and a nutritious meal to the frail elderly. Currently, there are four area agencies on aging participating in this program and serving 1000 frail elderly in 1986. Although more research is needed in this area, we are aware of case histories of frail individuals being dropped off by family members at senior centers where there is inadequate staff to provide for the special needs of the individual. Expansion of the extended nutrition program could help meet these needs.

o Shopping and Delivery service: In Caroline County on the eastern shore, the area agency on aging is operating an important program that sustains individuals who are not able to shop independently. The individual pays for groceries, medications, and other items and makes a contribution toward the cost of shopping and delivery. All the items are then delivered to the person's home. Federal, state, and county funds totalling $32,000 in 1987 are used in this unique program. We are serving 78 seniors and intend to serve additional elderly when additional funds become available.

A 1986 study conducted by Esometrics in Maryland's Montgomery County indicated that over 6,000 elderly lived in households with no automobile and that 8% of the elderly said that "inadequate transportation kept them from doing things that they needed or wanted to do." Shopping would be one of those necessary tasks related to proper nutrition.

o Meal Support for Sheltered Housing Programs;

The nutrition program provides three meals per day per participant for this program which offers important services to the frail and disabled elderly. The Office on Aging's sheltered housing programs offer a supportive housing environment which provides three meals per day, seven days per week, housekeeping and personal care services to older individuals. The combination of federal and state support contributes to an affordable program that currently serves over 1100 individuals in large apartment buildings and small family-type settings.

o Gateway II program of community-based in-home services

The Gateway II program is a statewide interagency system of in-home services designed for older frail individuals who are at risk of institutionalization who are financially unable to purchase affordable services to allow them to remain in their own home or apartment. Functionally impaired elderly will grow in real numbers and may strain the resources of key programs for the elderly. Many of these persons have "aged in place" as the program itself has grown older. Increased age of participants is associated with increased functional impairment which may impact on the individual's ability to shop, cook, and eat. With respect to the degree of disability as measured by the number of activities of daily living, the Office on Aging in a study done in St. Mary's County in 1983, found that 15% of the noninstitutionalized elderly aged 65 or older are moderately or severely disabled; 25.8% of those aged 75 or older are moderately or severely disabled.

An important service that Gateway II staff offers disabled and low income participants who are at risk of nursing home placement is the preparation of well balanced meals. Frequently Gateway II clients receive home-delivered meals from the local home-delivered meals programs. During June 1987, the Gateway II program served 1047 frail and disabled elderly with 71% being assessed as having severe functional disabilities and 72% being 75 years of age or older. In Baltimore City, the Gateway II program currently serves 352 individuals with 189 individuals being 75 years of age or older.

Personal Care Services of the Medical Assistance Program and In-home Services from the local Department of Social Services are two public programs that complement the Gateway II program. Again, many of the direct service staff serving the frail and disabled elderly provide shopping and meal preparation, which have a direct impact on the problem of undernourishment of the chronically ill elderly. In 1986, the In-Home Aide Service Program of the Department of Social Services assisted approximately 6,700 individuals in Maryland and the Medical Assistance Program through the Personal Care Program and the Home Health Care Programs served 6,933 individuals, of which 2,280 are 65+ years of age.

III OTHER STATE PROGRAMS THAT IMPACT ON NUTRITION

o State Specialized Transportation Program (SSTAP) for the Elderly and Handicapped This state-funded program administered by the Maryland Dept. of Transportation provides transportation services to older persons in each jurisdiction of Maryland. State subsidies permit local AAAs and other agencies to offer reduced fares on small buses, wheel-chair accessible vans and taxicabs to individuals over the age of 65 or with handicapping conditions. With such a service many seniors without transportation can get to stores to shop. More importantly, they can shop at larger supermarkets which may offer greater food variety and lower prices than the local neighborhood store.

This transportation service is also important to those who want to go to nutrition sites, senior centers, or adult day care centers. However, the need for this service far outstrips the resources. In Baltimore city alone, there is a waiting list of 1200 individuals for this program which currently is serving 2975 individuals in the city.

o Adult Day Care Program: Nutrition service is a required program element in adult day care centers. In Maryland, there are 63 adult day care centers providing 1114 slots for older persons. In 6 rural counties and one suburban county that do not have such facilities (Garrett, Cecil, Caroline, Talbot, Worcester, and Carroll), there is a pressing need to initiate such centers. The Title IIIc congregate nutrition program provides meal support to adult day care centers throughout Maryland.

o Surplus Commodity food distribution: This program as administered by the Maryland State Dept of Education is an important source of foodstuffs for low-income seniors who are currently receiving Supplemental Security Income (SSI), Food Stamps, Medical Assistance, or Energy Assistance. Local community action agencies, departments of social services, and three area agencies on aging distribute foods on a monthly basis.

Many foodstuffs are not available; only those that have been purchased and repackaged in smaller quantities by the Department of Agriculture as surplus foods are available in this program. Currently, older Marylanders receive cheese, flour, peanut butter, and dried milk in 5 pound quantities. Canned fruits such as plums and apricots are available, but only in large institutional containers.Furthermore, the lack of decentralized warehouses to store these commodities make it difficult for rural organizations to participate in the program.

IV RECOMMENDATIONS

Given the excellent programs that exist, my recommendations for the future relate to increased coordination of services and enhanced funding. These include:

o given the 8% increase in food costs and the increase in the number of frail elderly, increase Older Americans Act funds under Titles III B and C that are earmarked for nutritional services and other services that contribute to meal preparation and transportation to nutrition sites. Of special importance are additional funds to allow expansion of sites to five days per week, especially in rural areas, and of all home-delivered meal programs to six days per week.

o increase the distribution of surplus commodity foods by increasing the eligibility guide lines for participation to 150% of poverty guidelines, by packaging available surplus food in smaller quantities that are more appropriate for older Marylanders who live alone, and by establishing warehouses in additional locations.

o based on findings about nutrition participants in the 1986 study conducted by Maryland Association of Nutrition Providers, and given the importance of the experience of socialization, increase opportunities for social interaction that contribute to good nutrition. Also enhance programming aimed at the oldest segment of the elderly population at the sites.

o continue to strengthen the continuum of services for the elderly , including in-home services and day care services, to increase options for the frail elderly.

o continue federal funding for research activities which will identify more clearly the links between nutrition and health status.

PREPARED STATEMENT OF DAVID M. PAIGE, M.D., PROFESSOR OF MATERNAL AND CHILD HEALTH, JOHNS HOPKINS UNIVERSITY

Mr. Chairman, members of the Committee, I am Dr. David M. Paige, Professor of Maternal and Child Health at the Johns Hopkins University School of Hygiene and Public Health with a Joint Appointment in Pediatrics at the Johns Hopkins School of Medicine, and attending Pediatrician at the Johns Hopkins Hospital. I appreciate the opportunity of appearing before the Committee this morning.

I will address myself to: 1) the segment of the maternal and child health population at risk for poor health and nutrition, 2) the nature and scope of the problem, 3) nutrition programs in place and 4) barriers to client participation.

INDICATORS OF RISK

Poverty

As reported in the American Journal of Public Health in 1985, one out of every five children in the United States lives in a poverty-stricken family. For black children, the figure is one out of two, or 50 percent. The study, conducted by the House Select Committee on Children, Youth and Families, further revealed that the number of poor children increased by 2 million in the early 1980's. Corroborating studies by the Congressional Budget Office, the U.S. Conference of Mayors, and others combine to paint a bleak picture for the 50 percent of black children and 20 percent of all children now living in poverty. Over the last five years, the problem is compounded by the fact that the disposable income of the poorest one-fifth of American families has dropped more than 9 percent.

In Maryland persons living below poverty level in July 1980, numbered 404,532 or 9.8% of the population. The poverty rate tends to run highest in Baltimore City - 22.9%, followed by Garrett County, 15.8%, (associated with a high rate of plant closings and job loss), and Somerset, 15.7% (earlier identified as one of the poorest counties in the nation). The Maryland State Planning Department estimates that 65,000 - 75,000 "new poor" have fallen into poverty, an increase of 16.1% - 18.5% in three years. In Maryland in 1986 approximately 1 in 10 children received AFDC. This compares to 1 in 7 children nationally. Presently, of the 196,000 people who receive assistance, 64% are children.

Federal Programs and the Poor

According to the September 1983 Census Bureau report of households below the poverty line in 1982, 50.3% received no Federal assistance, 27.7% received no food stamps, 46.4% received neither free nor reduced-price lunches, 47.9% lived in private, unsubsidized housing. Further, a 1983 study released by the Congressional Budget Office showed the following effects of spending cuts: 1) The low-income households have lost from three to six times more in benefits than other households, 2) while human resources spending accounted for 46.3% of Federal expenditures, only 10% of those total Federal expenditures will go to low-income programs, and 3) the 10% of Federal spending to benefit the poor will absorb 36% of total Federal aid cuts.

Low Birth Weight

To more precisely identify specific health problems among the poor, a series of indicators may be employed to define the problem.

Low birth weight may be considered a useful indicator of health and by extension a limited index to the nutritional status of a population. Low birth weight may result from conditions associated with poverty, poor weight gain on the part of the mother, inadequate food intake, absent prenatal care operating independently or synergistically to result in a low birth weight infant. Realize that this condition may occur for many other reasons not always associated with a harsh social environment.

There is a differential risk between white and black women of having a Low Birth Weight infant, i.e. weighing less than 2500 g. In the U.S. in 1985, 5.6% of all white women had low birth weight infants compared to 12.4% of black women. Thus, more than 2 times the number of black women have given birth to an infant who was at increased risk for greater morbidity and mortality. The situation in Maryland mirrors the National pattern.

Moreover, sharp differences exist in the percentage of low birth weight infants born throughout the State. More affluent areas, such as Montgomery and Baltimore Counties, report 5 - 6% low birth weight, while Baltimore City, with 29% of the population below 125% of poverty level reports rates almost twice as high. A high percentage of low birth weights are also reported in Dorchester, Somerset, and Wicomico Counties-counties with 20.9, 23.9, and 17.7% of the population, respectively, below 125% of the poverty levels.

Low birth weight babies are twenty times more likely to die in the first year of life than those of normal birth weight. The inequality is reflected in the disparate neonatal mortality rates between black and white newborn infants. The white rate is 6.1 deaths, compared to 11.4 black deaths, per 100 low birth weight. Not only is the racial difference in neonatal mortality rates appalling; of even greater concern is the fact that this racial gap has actually enlarged over the past decades. In 1950 the black/white ratio of deaths less than 28 days of age was 1.4; in 1970 - 1.7; and in 1984 - 1.9.

Infant Mortality

This index of all deaths in the first year of life is often employed as an indicator of the health status of communities. Nationally, despite an absolute decline in mortality the gap between white and black infant mortality rates has not been reduced. Black infants are almost twice as likely as white infants to die in the first year of life. The black/white gap has widened. The black/white ratios in 1950, 1970, and 1984 were 1.6, 1.8, and 2.0 respectively. The national pattern is observed in Maryland. The Maryland Department of Health and Mental Hygiene reported in 1985 that although both whites and nonwhites have shown steady improvement over time in infant mortality, since 1981, rates among nonwhites have not shown the downward trend seen among white infants.

Five year average infant mortality rates between the counties within the State demonstrate sharp differences as well. Five year averages indicate a more than two-fold difference in the reported lowest and highest mortality between counties in the State, which frequently parallels the level of poverty within the county.

Nationally if black infant mortality rates were equal to white, about 5,500 black babies would not have died in 1983.

Adolescent Pregnancy

Additional indicators of potential risk are the proportion of mothers less than 18 years of age. Teen mothers are at greater risk than adult women of receiving late or no prenatal care, and of having low birth weight babies who suffer higher mortality rates. In 1983, only 57 percent of white and 47 percent of nonwhite teen mothers received early prenatal care. The percentage of low birth weight infants born in Maryland in 1984 to nonwhite and white mother 15-19 years of age were 15.3% and 11.2%, respectively.

A December 1986 report in Pediatrics, highlights the fact that in the U.S. the percentage of births to women less than 20 years of age is 13.7%, the highest of any of 25 countries with a population of 2.5 million or more. Sweden, Finland, and Switzerland average 3 to 4% births while Italy and Spain average 7% with only 4 other countries exceeding 10% births to women less than 20 years of age.

Prenatal Care

The December 1986 report in Pediatrics points up the fact that nationally 5.5% of mothers still received either no prenatal care or began it too late for any real effect. Twice as many black mothers had no or grossly deficient prenatal care, 9.4% vs. 4.6% for white mothers. This factors out to a total of 200,000 pregnant women receiving inadequate prenatal care.

Utilization of Emergency Food Services

A direct measure of food need is the proliferation of emergency food centers responding to a reported increase in demand. Information provided by the Department of Social Services, Emergency Services Unit reports in FY 84, 26,760 households in the City were being provided with emergency food services. The number served has grown substantially over the past decade. The report notes that this increase has been largely due to the tightening of federal food stamp regulations, high unemployment particularly among young, single adults and the inadequate Public Assistance grant to meet additional monthly food needs.

Complementing the work of the public agencies is the private sector. As example the Food Bank program operating in Baltimore and throughout Maryland provides over 450,000 pounds of food per month. The food is distributed through a network of food pantries, soup kitchens, halfway houses, and other non-profit organizations which distribute food to the needy within the State. Other private non-profit social services agencies provide emergency food services. The Governors Task Force on Food and Nutrition in 1985 observed the number of soup kitchens has also proliferated over the past several years. The documented activities in the City are only a microcosm of what has been reported to the Task Force, as occurring throughout the State.

NUTRITION PROGRAMS

Despite the increased need for assistance to the poor, there is an erosion of federal support services.

The USDA Supplemental Feeding Program (WIC)

The WIC Program which provides nutritional supplements to pregnant and lactating women, infants, and children to 5 years of age is serving approximately one third of the eligible population. In Maryland 45,000 out of an estimated 110,000 eligible individual receive benefits. This underparticipation is a result of the insufficient federal funds. This occurs despite the fact that the Institute of Medicine Report on Low Birth Weight urges that nutrition supplementation programs such as WIC be a part of comprehensive strategies to reduce the incidence of low birth weight among high-risk women.

Nutrition research supports the view that nutritional assessment and services should be major components of high-quality prenatal care. Evaluation studies show that prenatal participation in the WIC Program is associated with improved pregnancy outcome. Of particular relevance to this report is the decrease in the incidence of low birth weight associated with WIC participation. Recently, the U.S. General Accounting Office critically reviewed the published literature on the subject and noted that the evidence of program benefit is strongest for increases in mean birth weight and decreases in the percentage of low birth weight infants. Further, receiving WIC supplementation during the interpregnancy period can help to increase birth weight in subsequent pregnancies. The National evaluation of the WIC Program released in January 1986 reinforces the above conclusion. The study indicates that the program is working well, reaching it's intended population of high risk women, infants, and children, and is cost effective.

The Report to the U.S. Senate Committee on Agriculture, Nutrition, and Forestry by the U.S. General Accounting Office in January 1984 noted that the decrease in the proportion of low birth weight infants born to women who participated in the WIC Program was most evident in high risk poorly educated women. The program benefit was estimated to be a 20% reduction in the proportion of low birth weight infants. Applying the benefits of WIC to a highly vulnerable population of women on public assistance indicates that for every 100,000 high risk women enrolled there will be:

1) An estimated decrease of 10% in infant mortality.

2) 230 infants death prevented per 100,000 women.

3) The prevention of 2400 low birth weight infants per 100,000 high risk women.

4) A savings in intensive care hospital costs conservatively estimated to be $32,678,400 per 100,000 high risk women (2400 LBW prevented x $13,616 hospital cost per infant).

5) A savings of $2,198,400 for the estimated 20% of low birth weight infants requiring rehospitalization (480 LBW x $4,580).

6) A savings of $1,405 per year of life will be realized for the 18% of surviving low birth weight infants who require long term care.

Thus, for this one cohort of infants born to high risk poorly educated women a positive WIC Program effect results in a 20% reduction in low birth weight infants. This will result in a savings of over $35 million dollars in direct medical costs. There is an urgent need therefore to assure that 100% of eligible high risk pregnant women participate in WIC as well as their infants and preschool children to retain their nutritional head start.

Food Stamp Program

Tightened eligibility standards since 1981 have resulted in a decline in participation. In Maryland the participation rate dropped from 146,538 households and 351,220 individuals in 1981 to 113, 187 households and 280,608 individuals in mid 1985. As a result of this decline only 62% of the eligible population was being served by the program. It was estimated that more than 200,000 eligible Marylanders were not participating, resulting in a loss of food to eligible individuals and a loss of up to $40 million per year in Federal reimbursement to the State. One factor, among many, responsible for the decline was heightened attention to reducing the food stamp error rate resulting in greater program complexity.

Free and Reduced Priced School Meals

There is a need to increase the participation in the free and reduced price school meal programs on a National level. It is an opportunity to simultaneously impact the nutritional and educational well being of disadvantaged children on an ongoing basis. The provision of breakfast and lunch for 180 days a year to the neediest among us will have considerable national impact.

Through State initiative in FY 87, Maryland is subsidizing the reduced price school meals for eligible children in an attempt to increase the participation levels. Despite the approach taken in this State, this should not be left to individual State initiative; rather the charges for reduced price meals should be rolled back to the pre 1981 levels and States encouraged to increase the level of participation. Low-income students, who may well be at other educational disadvantages, can ill afford to come into the classroom inadequately fed. Specific attention should be directed at increasing the level of participation in the school breakfast program. The states can ill afford the estimated Federal dollar loss resulting from low participation rates in the free and reduced-priced programs.

NEW PROGRAM INITIATIVES

While it is possible to debate the impact of Federal cut backs, it is apparent that many key indicators of maternal and child health have been plateauing or deteriorating over the past several years. The number of teenage pregencies is high, and the level of prenatal health care is low. Low birth weight continue to push our infant mortality rates to a very high level when compared to other industrialized nations. Coupled with this lack of forward progress is a real reduction in the numbers of low income individuals participating in the Food Stamp Program, The USDA Supplemental Feeding Program, the National Free and Reduced Price School Feeding Programs, with the concomitant rise in the utilization rates of local food pantries, food banks, soup kitchens, and private sector aid.

To reverse this we need to improve program coordination and current health and nutrition services as follows:

1. Integration of Services, End the piece meal approach to assisting the poor. Eliminate unnecessary bureaucracy which serves to deflect many needy individuals from receiving service in an efficient, courteous, and dignified manner. The endless certifying and recertifying for service is costly and duplicative. A more unified approach to qualifying individuals and families for eligible health and nutrition services would benefit both provider and consumer. While recognizing the difficulty in meshing various program regulations, I believe it can be accomplished by cross agency coordination.

2. Transform the WIC Program into an entitlement program. WIC Program benefits are of demonstrated value. There is agreement within the scientific community that pregnant women participating in WIC, particularly the

youngest, the poorest, and the most vulnerable, significantly benefit. Maternal weight gain is increased, gestational age is improved, birth weight increased, health services expanded and nutrition education enhanced. It is therefore illogical to spend vast sums of WIC administrative dollars to maintain an awkward infrastructure of health personnel engaged in qualifying and requalifying individuals at risk. Poverty is the hallmark of nutrition risk. All data point in this direction. To triage out the very small percentage of individuals in poverty who may not meet a particular nutrition risk criterion is very costly, defeats the logic of a preventive intervention program, and results in large numbers of needy individuals failing to receive services.

3. End the bureaucratic barriers influencing WIC Program participation. As an example, accountability has become the buzzword of the program. The USDA Central Office and Regional Office have misused this proper administrative concern to sap the program's vitality. It has had a chilling effect on administrators in Maryland and in other states. It has substituted creative and vigorous program administration with over attention to endless streams of paper, moving in steady columns, through proper channels. The paper flow has prompted one State nutritionist to coin the phrase "Confetti Federalism". Confetti Federalism has been more effective in silently achieving program cut backs that could not be openly accomplished through legislative debate in the halls of congress.

4. Increase Outreach. Eligible individuals need to be made aware of the availability and Value of Food Programs in the community. Their enrollment and participation need to be facilitated. Unfortunately many programs have been forced to shut down or reduce their efforts in this area. This is due to a lack of funds coupled with an administrative unwillingness to flood already overextended staff and facilities with additional clients they believe they can not properly serve. This inattention to maximizing enrollment must be reversed.

5. Expand enrollment in the free and reduced price breakfast program and maximize participation in the school lunch program. Local school districts must join forces with State Administrators, encouraged by the United States Department of Agriculture to realize full program participation. Less than total enrollment in a breakfast and lunch is to further disadvantage the disadvantage.

6. Establish a nutrition monitoring and surveillance system. A nutrition monitoring and surveillance system will serve to monitor the nutritional status of the population and to guide fiscal and programmatic administrative decisions as required. We currently have no idea, nationally or on a State wide basis, about the nature and scope of undernutrition. As an approach we are faced to take a crude shotgun approach to the provision of services. We need to more efficiently direct services to populations at greatest risk. In addition, we need to follow up on these efforts to assure success.

7. Require continued integration of nutrition programs with community health services. Emphasize the importance of nutrition as an intergral part of health programs and services. Establish an identifiable unit for the assessment of community needs and resources, the development and coordination of nutrition goals and objectives for all appropriate health programs.

6. Increase the participation in the Federal Supplemental Feeding Programs. Improve the enrollment procedures for the Food Stamp Program, increase benefits consistent with current food costs, and fund outreach programs. WIC Program participation should be increased to reach a higher percentage of the eligible population and an immediate shift to universal participation of high risk pregnant women.

By implementing the above recommendation and maximizing the enrollment of low income high risk populations into Federal and State health and nutrition programs we can: 1) Decrease the proportion of low birth weight infants, 2) Decrease neonatal mortality, 3) Decrease post-neonatal mortality, 4) Decrease the number of teen births, 5) Improve the level of school performance, and 6) Increase the participation in the Federal Supplemental Feeding Programs.

The decade of the 80's is an unsettled time for the disadvantaged. Poor families and their children have had to share an even greater burden than other segments of the community. The promise of past progress has not been fully achieved. We must regain the momentum being lost in our current Public Health Policy. We must eliminate the barriers to Federal food programs and improved health care.

10

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Infant Mortality by Age and Race, Selected Years*

	1984	1983	1980	1970	1950	% Decline 1950-1984
Total	10.8	11.2	12.6	20.0	29.2	63.0
White	9.4	9.7	11.0	17.8	26.8	64.9
Black	18.4	19.2	21.4	32.6	43.9	58.1
B/W ratio	2.0	2.0	1.9	1.8	1.6	
Less than 28 d	7.0	7.3	8.5	15.1	20.5	65.9
White	6.2	6.4	7.5	13.8	19.4	68.0
Black	11.8	12.4	14.1	22.8	27.8	57.6
B/W ratio	1.9	1.9	1.9	1.7	1.4	

Source:

Wegman, M.E.: Annual Summary of Vital Statistics. Pediatrics, 78:983, December 1986.

Infant Mortality Rates and 1984 Black to White Ratios for Major Cause Groups*

	ICD Codes†	Total Provisional		Final 1984			
		1985	1984	Total	White	Black	B/W Ratio
All causes		1.057.0	1,059.6	1,078.7	1,008.1	1.835.7	1.82
Certain perinatal conditions	760-4, 766, 770-9	264.5	272.7	281.2	231.7	561.3	2.42
Congenital anomalies	740-759	236.7	228.1	233.0	235.2	234.3	1.00
Sudden infant death syndrome	798.0	129.6	131.7	142.9	142.9	242.8	1.70
Respiratory distress syndrome	769	100.7	103.9	96.9	89.4	149.1	1.67
Short gestation & low birth wt	765	83.3	93.3	88.9	65.0	217.8	3.35
Intrauterine hypoxia-birth asphyxia	768	28.4	26.2	31.9	26.5	58.5	2.21
Pneumonia & influenza	480-487	17.9	13.0	18.7	15.1	37.1	2.46
Birth trauma	767	7.5	8.9	10.2	9.2	17.0	1.85
Certain gastrointestinal diseases	008-9, 535, 555-8	4.8	7.6	6.7	5.2	14.5	2.79
All other causes	Residual	183.6	170.2	168.3	187.9	303.3	

* Data from National Center for Health Statistics.[26] Rates per 100,000 live births.

† International Classification of Diseases (ICD), ninth revision.

Source:

Wegman, M.E.: Annual Summary of Vital Statistics. Pediatrics, 78:983, December 1986.

The Cost of Initial Hospitalization of Low Birthweight (LBW) Infants and Savings at Different LBW Rates

LBW Rate (percent)	Total Cost[a] (dollars)	Cost Savings[b] (dollars)
11.5	173,181,904	
10	150,592,960	22,588,944
9	135,533,664	37,648,240

[a] Based on an average neonatal intensive care charge (professional and hospital) of $13,616 (1984 dollars).

[b] The cost savings are the reduced expenditures for initial hospitalization of fewer low birthweight infants at the 10 percent and 9 percent low birthweight rates, respectively.

Source:

Preventing Low Birth Weight: Institute of Medicine.
National Academic Press, Washington, D.C., 1985.

Percentage of Live Births at Low Birthweight (2,500 Grams or Less) by Age and Educational Attainment of Mother and Race, 1971, 1976, and 1981

Maternal Age and Educational Attainment	All Races			White			Black		
	1971	1976	1981	1971	1976	1981	1971	1976	1981
Total	7.7	7.4	7.0	6.6	6.2	5.7	13.5	13.1	12.6
0-8 years	10.2	9.9	9.6	8.9	8.6	8.3	14.6	14.9	14.7
9-11 years	10.3	10.2	10.2	8.7	8.4	8.4	14.9	14.7	14.9
12 years	6.9	6.8	6.6	6.1	5.8	5.5	12.4	12.0	12.0
13-15 years	5.9	5.9	5.5	5.3	5.1	4.6	10.9	11.2	10.5
16 years or more	5.3	4.9	4.6	4.9	4.5	4.2	10.0	9.4	9.0
Under Age 15									
0-8 years	16.4	15.1	14.8	11.6	12.3	10.6	19.4	17.2	17.3
9-11 years	17.9	15.1	14.6	14.2	12.2	12.0	19.6	16.5	15.7
Age 15-19									
0-8 years	12.0	11.8	11.3	10.4	10.3	9.9	16.2	16.7	16.0
9-11 years	11.2	10.8	10.6	9.2	8.7	8.7	15.8	15.3	14.7
12 years	8.6	8.5	8.1	7.0	6.8	6.4	14.2	13.2	12.7
13-15 years	7.8	9.0	8.3	6.6	6.6	6.8	11.2	12.6	11.7
Age 20-34									
0-8 years	9.3	8.7	8.4	8.3	7.6	7.5	13.3	13.6	13.2
9-11 years	9.5	9.5	9.9	8.3	8.1	8.1	13.8	13.7	14.9
12 years	6.7	6.5	6.4	6.0	5.7	5.4	11.7	11.4	11.7
13-15 years	5.7	5.8	5.4	5.3	5.1	4.5	10.2	10.8	10.3
16 years or more	5.2	5.0	4.6	4.9	4.6	4.1	10.0	9.5	9.0
Age 35 or Older									
0-8 years	8.9	12.2	9.4	8.1	10.7	7.7	10.9	16.9	12.3
9-11 years	11.2	12.2	9.2	10.1	11.4	11.7	13.7	13.7	18.8
12 years	8.7	9.0	14.0	8.0	8.2	8.6	12.5	13.7	11.4
13-15 years	7.2	6.4	9.2	6.5	6.2	6.1	16.7	12.0	14.0
16 years or more	5.9	7.0	7.5	5.9	6.3	4.6	5.7	12.3	10.5

NOTE: Includes 49 states and Washington, D.C., in 1981; 44 states and Washington, D.C.; in 1976, 38 states and Washington, D.C., in 1971.

Source:

Preventing Low Birth Weight: Institute of Medicine. National Academic Press, Washington, D.C., 1985.

PREPARED STATEMENT OF HON. BENJAMIN L. CARDIN, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF MARYLAND

MR. CHAIRMAN, I WOULD LIKE TO THANK THE SELECT COMMITTEE ON HUNGER, AND MY FRIEND KWEISI MFUME IN PARTICULAR, FOR INVITING ME TO PARTICIPATE IN TODAY'S HEARING.

THREE YEARS AGO ATTORNEY GENERAL ED MEESE CLAIMED THAT THERE WERE NO HUNGRY PEOPLE IN AMERICA -- HUNGER IN AMERICA IS ANECDOTAL HE DECLARED. IN FACT, THERE IS A TALE OF HUNGER IN AMERICA, IT IS A SAD ONE AND IT IS A TRUE ONE.

CLOSE TO HALF OF THE FAMILIES ELIGIBLE FOR FOOD STAMPS DO NOT RECEIVE THEM. MORE THAN 5 MILLION WOMEN AND INFANTS DO NOT RECEIVE WIC BENEFITS BECAUSE WIC ONLY SERVES 29 PERCENT OF THE ELIGIBLE POPULATION. NEARLY 3 MILLION POOR CHILDREN ELIGIBLE FOR FREE SCHOOL LUNCHES DO NOT RECEIVE THEM, AND 11 MILLION ELIGIBLE POOR CHILDREN DO NOT GET FREE SCHOOL BREAKFASTS.

IN MARYLAND ALONE, WE SPENT $328 MILLION LAST YEAR TO FEED THE HUNGRY, TRULY AN IMPRESSIVE NUMBER. BUT STILL OUR INFANT MORTALITY RATES HOLD STEADY AT AN UNACCEPTABLE LEVEL.

HUNGER IS A PROBLEM THAT CAN BE SOLVED. WE'VE GOT THE PROGRAMS IN PLACE, BUT THEY'RE FAILING US, AND I'M AFRAID, WE'RE FAILING THEM. I LOOK FORWARD TO THE INPUT OF OUR DISTINGUISHED GUESTS TODAY. I HOPE THEY CAN TELL US HOW WE CAN MAKE THESE PROGRAMS WORK. BECAUSE WHEN GOVERMENT CAN'T PROVIDE THE MOST BASIC SERVICES, WHEN WE DON'T DO THE BARE MINIMUM, WHEN WE FAIL TO FEED THE HUNGRY, WE BECOME A GOVERNMENT IN NAME ONLY.

PREPARED STATEMENT OF ANN MILLER, CHAIRMAN, STATE ADVISORY COUNCIL ON NUTRITION

Mr. Chairman, members of the Committee, I am an Miller, Chairman of the State Advisory Council on Nutrition. I appreciate the opportunity of appearing before you today. As Chairman of this Council , I will attempt to bring a picture of National programs as they operate in the State of Maryland and some of the programs set up within the voluntary community fo fill the gaps , to become the safety net where governmental programs fail.

We are fortunate indeed in this country to have one social problem which can actually be solved. We have an overabundance of food -- so much in fact that dairy products are stored in caves while farmers are paid not to produce. It should therefore be possible to distribute this bounty so that no one within the borders of these united States should ever be forced to go without food. However we all know that hunger and malnutrition do exist. Perhaps by looking at the experience of one small State we can discover some possible remedies.

Within the State of Maryland $328 million were spent in 1986 to feed people -- $276 million in federal funds, $20 million in state funds, and $2 million in local funds. In addition local churches and other charitable organizations spent over $1 million to distribute more than seven million pounds of food to their less fortunate neighbors.

These are impressive figures which should be applauded before we start ripping them apart. For in spite of the amounts spent there is no program which begins to reach the number of persons eligible to receive its benefits. The attached tables break these figures down by program and administration so that it is possible to match moneywith eligible populations to discover those programs which are most and least successful. One generalization which can be made at the very beginning is that those programs whose eligibility is determined by age rather than income are filled to capacity while those that are for the poor alone are underused. It should be noted that those which are available across the board require at least partial payment from those who can afford it. Such programs would include school lunches and Eating together programs for the elderly. Programs labelled poverty programs such as school breakfasts and food stamps, aimed at the same populations do not begin to enrol more than a fraction of those eligible. Nobody wants to be poor, nobocy wants to be labelled poor and therefore somehow unworthy.

This feeling of unworthiness is reenforced by the people who deal with them. Hunger advocates and many line workers see the primary objective of these programs as the alleviation of hunger and the prevention of disease through the widest distribution of available funds and/or food. On the other hand the farther one gets from the actual recipient, the more important accountability and figures become. Forms are devised, checks imposed, surveillance required so that many prospective users decide that they will starve or go to a volunteer program before submitting themselves to the self-flagellation required to become a recipient. This is particularly true of the elderly who feel they've earned better treatment and residents of rural areas and small towns where everybody knows your business. In addition lack of transportation, the discontinuation of outreach programs, the confusion caused by frequent changes in eligibility registration procedures make it difficult to become part of the system. As one proceeds up the administrative ladder from local, to state to regional office each step becomes more clogged in paper and less interested in whether the program is feeding people.

The deterioration of Maryland's USDA Supplemental Feeding Program (WIC) is a case in point. Since 1985 the program has been completely reorganized requirements set by the Regional Department of Agriculture. Maryland had one of the first WIC programs in the United states. From the beginning 70% of its participants were served through a home delivery system which required renewal of vouchers every six months. The remaining 305 most of whom live in the counties are served through vouchers spent in retail stores. Bulk purchasing plus competitive bidding for home delivery tends to lower the cost of food in contrast to retail purchase. It has therefore been possible for Maryland to serve more clients on the same food allotment. Maryland had typically served about 50% of its eligible clientele a figure much higher than other States in the region.

In 1983 the Jobs bill added $1.300,000 to Maryland's WIC program. WIC is neither an entitlement nor a block grant program so that the money had to be spent in four months before the end of the federal fiscal year. or it would be lost. DHMH had an enrollment drive achieving an enrollment of 50,000. However WIC enrollees remain on the program for at least six months not four, while pregnant women stay on for the duration of pregnancy plus six weeks post partum. The state decided to keep them on the program.

After this decision had been made they finally learned what their federal allotment was to be. It did not cover the commitment and the Regional Officeinformed DHMH that without additional funding by June 7 enrollment would have to be cut to 20,000. The Supplemental Appropriation Bill did not pass by June 7.

Because it had overspent its 1984 allocation the state was forced to return $1,000,000 to the federal government and USDA mandated a corrective action plan.

The story is documented in detail in a recently completed thesis: "Confetti Federalism" Accountability and Cut-Back Management" by Joan A. Barr Blanco. Suffice it to say that since 1984 USDA's Regional Office has maintained close surveillance over Maryland's WIC program.

Following an OIG audit in 1985 Maryland was told to initiate a monthly voucher program. In addition to better accountability this was supposed to improve the nutrition education program. The results have been questionable:

1. The case load has been reduced from 50% of eligibles to 30% of eligibles putting it in line with the national average.
2. Administrative costs have climbed from $4.12 per participant in 1985 to $5.24 per participant in 1987.
3. Caseload has increase per month while the total number of clients seen has decreased -- clients come in more ofter.
4. Since more staff time is being used to process clients, there is less time available for nutrition education.

In the previous example, it becomes apparent that it is not advisable to overspend capped funds. State and federal fiscal years rarely correspond. This means that budget planners on a state and locallevel do not know how much they will have to spend on programs until after their budgets are planned. Departments start the year cautiously assigning minimal quotas and money to each county. Counties are equally cautious so that money is returned unspent. WIC has learned its lesson and returned $4,600,000 last year. d

Feeding for the elderly under Title III of the Older Americans Act uses every penny received. Counties complain because planning is made difficult because of the lateness of notification. Using all the money it receives from the federal government plus an additional $485,00 from the state and $879,00 from local jurisdictions, it is still possible to feed only 7% of the eligible population. The majority of those served are able to participate in congregate feeding programs. The vast majority of those confined to home are reached through small Meals on Wheels programs.

The entitlement programs do not have the same budgetary problems. The school breakfast and luch programs are both administered by the Department of Education. The state supplemented both the school lunch and breakfast programs in order to mae it possible to deliver reduced price meals at ten cents to all of those who were eligible. There has been an increase of 16.3% as a result. However the number of full pay lunches continues to drop as their cost to the customer continues to rise. The breakfast program has never been well patronized. This year with the state subsidy and a special program to increase attendance there was an increase of 106% in attendance. To date few parents know that breakfast is available for every school child on the same basis as school lunch. This year the advisory Council is fostering a campaign to inform parents of the breakfast program. It is hoped that in this way many more children will be able to receive a healthy meal before they reach the classroom.s

The Food Stamp program has shown a steady decline in participation rate. In 1981 351,220 individuals from 146,538 househalds were served. In 1987 253,,352 individuals in 103,762 households were participating. Although this is an entitle ment program participation has been reduced through lack of outreach and the introduction of restrictive and complicated eligibility criteria.

That the need still exists is evidenced by the growth of emergency food pantries and soup kitchens operated by the voluntary community. When the Maryland Food Bank was established in 1979 it had 37 member agencies in Baltimore City. It distributed 300,000 pounds of food. In 1986it distribute over seven million pounds of food to 350 agencies. There is now a branch en the Eastern Shore, and satellite banks in Hagerstown, Cumberland, Howard County and Southern Maryland. In addition Catholic Charities has opened Bread On The Waters, a warehouse which sells at cost selected canned goods not available through the food Bank.

During this same period the number of soup kitchens in Baltimore has increased from four to twenty-nine. The City has established Second Helping, a program which collects food from restaurants and caterers and distributes it to these soup kitchens. which serve half a million meals a month. Some of these users of emergency services are enrolled in the food stamp program but find the thrifty food plan does not last for the entire month. Many receive no other form of assistance. While there will always be emergency situations to be handled by the community, many of those presently using these facilities need some more reliable means of feeding themselves and their families.

Another fedral program which operates in Maryland the the Temporary Emergency Food Assistance Program (TEFAP). This program distributes surplus commodities such as cheese , butter, powdered milk to individuals and families in need. When it was introduced in December 1984, it was billed as a one time only Christmas present to the needy. With President Reagan's personal stamp of approval, it was greeted enthusiastically. Volunteers cam forwad, transportation was furnished by the National Guard and the food industry, even storage space was made available in s some instances. But now three years later things have changed. Last year Maryland received over $10,000,000 worth of food. Paper work has quadrupled, the volunteer pool has shrunk, transportation and storage are no longer free. The funding for program administration, 5% of the value of the food, is inadequate to pay the costs to the state and local jurisdictions so the program decreases with each succeeding go round. It is a good programbut its admlinistrative funding should be reviewed. Is it cheaper to distribute the food or to continue to store it?

SUMMARY

BARRIERS TO PARTICIPATION

1. Attitudes toward poverty
    a. People aren't really poor, they're lazy
    b. Resultant emphasis on accountability
    c. Reluctance of poor to participate.
2. Bureaucratic barriers
    a. Frequent changes in regulations
    b. Emphasis on accountability rather than on distribution of food.
    c. Administrative funds insufficient for both accountability and program.
3. Barriers within state
    a. Inaccessible program sites.
    b. Inconvenient hours for registration
    c. Lack of outreach
    d. Lack of funds for transportation, baby sitting.
    e. Eligibility forms complicated, difficult to fill out.
    f. Separate form for each program, repeated questions etc.

ASSISTANCE NEEDED

1. Congressional budget procedures need improvement. October crunch should be avoidable.
2. An adequate diet is basic to the solution of other social and health problems. It is impossible to hear or learn when one is hungry.
3. Electronic cards would make enrollment procedures simple and would

make accountability procedures much simpler.

4. Declare a moratorium on rule changes for at least a year so that procedures could be learned before they are evaluated.
5. Encourage testing of innovative projects and make funding available.

APPENDIX A

FOOD AND NUTRITION PROGRAMS

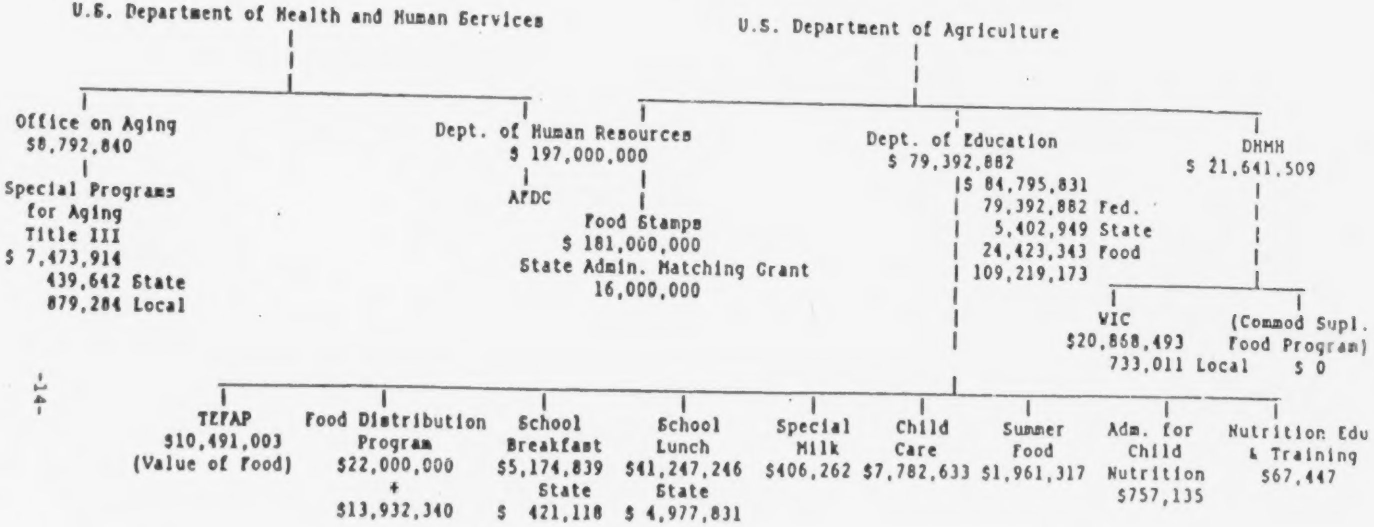
Funding and Administration

U.S. Department of Agriculture $267,385,669 + 24,170,384 (food)

	Funding	Federal	State	Local
DHR - 60%	Food Stamps	$ 181,000,000		
	State Administrative Matching Grant		$ 16,000,000	
DHMH - 6%	Special Supplemental Food for Women, Infants, Children	20,868,493		$ 773,011
MSDE - 22.3%	CHILD NUTRITION SERVICES - USDA	$69,439,779	+ 24,170,384 (food)	
	Food Distribution Program	16,957,975	13,932,340 (food value)	
	School Breakfast Program	4,501,456	421,118	
	National School Lunch	34,182,189	3,500,000	
	Special Milk	309,069		
	Child Care Food Program	7,832,669		
	Summer Food Service Program	1,228,609		
	Summer Food Adm Expenses	53,215		
	State Adm Expenses for Nutrition	669,576		
	Nutrition Education and Training	73,609		
	TEFAP	10,238,044 (food value)		
	Health Inspection	12,331		
	Child Care Audit	696,478		
	U.S. Department of Health & Human Services		$ 8,792,840	
OOA 3%	Special Programs for the Aging Title III, Part C	8,792,840	439,642	879,284
TOTALS		$ 276,178,509	19,921,118	1,652,295
GRAND TOTAL	$ 327,751,922			

APPENDIX B

FOOD AND NUTRITION PROGRAM REQUIRING STATE PLANS
According to Funding Source


U.S. Department of Health and Human Services
U.S. Department of Agriculture
Office on Aging
$8,792,840
Special Programs
for Aging
Title III
$ 7,473,914
439,642 State
879,284 Local
Dept. of Human Resources
$ 197,000,000
AFDC
Food Stamps
$ 181,000,000
State Admin. Matching Grant
16,000,000
Dept. of Education
$ 79,392,882
$ 84,795,831
79,392,882 Fed.
5,402,949 State
24,423,343 Food
109,219,173
DHMH
$ 21,641,509
WIC
$20,868,493
733,011 Local
(Commod Supl.
Food Program)
$ 0
TEFAP
$10,491,003
(Value of Food)
Food Distribution
Program
$22,000,000
+
$13,932,340
School
Breakfast
$5,174,839
State
$ 421,118
School
Lunch
$41,247,246
State
$ 4,977,831
Special
Milk
$406,262
Child
Care
$7,782,633
Summer
Food
$1,961,317
Adm. for
Child
Nutrition
$757,135
Nutrition Edu
& Training
$67,447

RESPONSES TO QUESTIONS FOR ANN MILLER

QUESTIONS SUBMITTED BY HON. MICKEY LELAND

Question. Please explain how electronic cards would simplify enrollment procedures.

Answer. Because electronic cards in human services have not been used on a full scale trial basis, it is difficult to know what the results would be. These cards are presently being used on a widespread basis by industry for credit cards, hospital identification cards. Most of us who are not on welfare carry at least one. Centralized clearance makes it an effective way to do business.

In Reading, Pa., there has been a test program which has been evaluated by Abt Associates who found that the system is feasible. There were advantages to the retailers in that it saved paper work—food coupons must be saved, numerically filed and returned before money due is realized by the dealer. This is time consuming and not always accurate. Retailers say that it not only reduces post sale handling effort, but substantially reduces fraud and abuse. Clients liked the system because it is easier to use than the coupon system. They do not have to pick up ATP cards which then must be redeemed at a bank. In the store there is just one card and four identification numbers to remember. ATP cards do not have to be mailed, it is much harder to lose the card and theft is not nearly so likely. As it is now every con man knows when check day is and lies in wait for victims.

Because this has not been tried on a large scale the administrative costs in Reading increases ninefold. It is important to note that the installation of such a system would be costly and further study needs to be done to prove its cost effectiveness. One of the greatest expenses in the Reading project was the computers furnished to retail stores. Maryland suggested that rather than giving them to retailers, they could be rented for a monthly fee. There are probably other ways that administrative costs could be cut, but certainly the electronic identification card has become part of main stream American life in which the poor should be included.

Question. What can be done to make eligibility criteria less restrictive and complicated?

Answer. If there were just one application form to be filled out which could be used to establish eligibility for all programs, there would be much less need to simplify. The basic problem is that each program has its own application form, varying in length from 2 to 12 pages, so that each multiproblem needs a special guide to necessary documentation for each form. Hours are wasted in offices just learning the requirements.

Before this can be changed, States need to pull together a file of all application forms and list those questions common to all—identifying information—those things which have to do with income verification and those things which apply only to a specific program. Then a universal form might be devised which could be cross filed and used interchangeably. This is where the electronic card would be helpful.

However there are problems which accompany this. The primary one is confidentiality of records. In Maryland, the Department of Health and Mental Hygiene is presently trying to find common elements within their own programs. It is not easy. We are much better at making things complicated than we are at simplifying them. It is time that States were encouraged to set up pilot projects to explore these possibilities.

Question. What educational approaches can be undertaken to start changing attitudes toward poverty, as well as attitudes among the poor which prohibit many from participation in Federal aid programs?

Answer. As long as the word from the top is that hunger does not exist, and that programs to relieve it are full of fraud and encourage indolence, there will be no public acceptance of these programs. All of us accept only those studies which confirm our prejudices. Although all Departments of HHS collect data on a regular bases, little has been done to coordinate these figures. Unfortunately AID's, teen age pregnancy, and drugs are at the top of the Nation's conciousness. It is easier to look for solutions for these problems if they are relevant to the middle class than if they are directly related to poverty. The only way to bring home misery are case studies as television drama, visits by politicians or media stars to see existing conditions. These pictures produce short-term interest. For a while the pictures of Appalachia brought funding and sympathy, the Bronx is still part of our collective conscience. Outreach helps, but unfortunately the first Federal funds to be cut were those. Here in Maryland the food stamp hot line had to be cut out because no Federal funds could be used for outreach. As a consequence the demand for emergency food increased while questions about food stamps almost disappeared.

One of the greatest problems in changing attitudes, is the church itself. Many good church people believe that feeding the poor is the mission of the church. They have no conception of the numbers of people in need and the impossibility of private groups seeing that they are fed. This attitude, of course is encouraged by the administration. This is why objective studies are needed.

QUESTIONS SUBMITTED BY HON. BILL EMERSON

Question. Ms. Miller, currently, WIC enrollees remain on the program for at least 6 months, not 4, while pregnant women stay on for the duration of pregnancy plus 6 weeks post partum. Do you feel that this is a sufficient amount of time or should it be lengthened? Could you elaborate please?

Answer. There is no simple answer to the length of time that WIC enrollees should stay on the program. Since eligibility depends not only on income but also on risk factors determined by concrete tests, the time of discontinuing such assistance should be similarly determined.

In general it should be safe to say that a pregnant woman should remain on the program throughout pregnancy. If she does not nurse her baby, then 6 weeks post partum should be adequate. If, however, she chooses to nurse her baby, the WIC supplement should be continued throughout the nursing period. This should be cost effective since the largest single expenditure in the program is for formula. Some of the money saved would have to used for iron supplement since there is no iron in breast milk, but this cost is small compared with the many benefits which accrue from breast feeding.

As far as infants are concerned, in the original studies made by Dr. David Paige, one of the greatest benefits of a supplemental feeding program for infants was that babies once again stayed on milk for the duration of the supplement. The nutrition studies done in that original project in Maryland showed that milk was being replaced by solid food as early as 3 months of age. The result was fat, flabby babies with poor muscle tone and poor development of bone structure. Milk is essential to the development of bones and teeth. It would, therefore, seem that infants should remain on the program for at least the first year of life. It is important to note that the preschool years are equally important. The child's total development, both physical and mental is determined in large part during these early years. Certainly as long as there are indications that growth and/or development are marginal, it is important to maintain diet supplement until such time as a nutritious meal can be assured either in day care or a school program.

Question. Ms. Miller, you stated in your testimony that the result of the current voucher program have been questionable. Could you go into some sort of detail as to why you think this, and possibly give the committee a few examples?

Answer. The current voucher program has raised administrative costs in Maryland from $4.12 per participant in 1983 to $5.24 per participant in 1987. For the counties which had a voucher program where monthly pick up was the rule there has been little change in participation rates. It is Prince George's County and Baltimore city which have a home delivery service that the impact has been greatest. Prior to vouchers, participants were reviewed every 6 months. This was changed to every month at which point participation went from 50,000 to 38,000—a loss of 12,000 participants. Following this sharp drop the requirement was changed to every 2 months. At the hearings you saw the amount of paper work that was generated by the changes.

The participants who were hardest hit were the working poor. Most of these mothers are working at minimum wage in unskilled jobs. Employers do not generally pay for time absent from the job. The time needed to remain on the program was tripled from one half day every 6 months to one-half day every 2 months. As an employer you must be well aware that regular absenteeism does not improve the employee's chances of advancement. Certainly a large number of those who dropped out were probably employed and will not return. Once again we see the system penalizing those very people whom we encourage "to get off their butts and go to work."

Question. The Meals on Wheels Program has been highly successful throughout the whole United States. Do you feel that the State of Maryland is reaching as many people through this program as it can or do you think it could be utilized even more?

Answer. The Meals on Wheels Program has been a tremendous boon to the homebound it is able to serve. There are presently almost 1,600 enrolled in Central Maryland. There are no waiting lists at the present time although the case load is steadily rising. Meals on Wheels in Central Maryland is staffed in large part by volunteers who deliver two meals a day for 5 days a week. The rest of Maryland is not well served. Where a home delivered meals program exists, it is usually part of the Eating Together Program. It delivers one meal 2 or 3 days a week. In rural areas particularly there are many homebound individuals who are not being served. Some rural churches are trying to meet the need. In Wicomico County the Sisters of Jesus have set up a project. Unfortunately no definitive figures of need are available. We do know, however, that here in Maryland only 7 percent of the elderly are receving any kind of governmental food service.

PREPARED STATEMENT OF MARCIA E. KINGSLOW, DIRECTOR, ECONOMIC DEVELOPMENT DIVISION, MARYLAND FOOD COMMITTEE

Thank you for the opportunity to appear before the Select Committee on Hunger. My name is Marcia Kingslow and I am Director of Economic Development for the Maryland Food Committee. I also serve as Vice President of the advisory board of the University of Maryland Cooperative Extension Service's Baltimore office. I would like to share with you several examples of community-based efforts that can augment the benefits of the federal food and nutrition programs and promote food self-sufficiency.

I would like to preface my remarks by commending the many fine organizations that are working so hard to remove the obstacles to federal food programs. As we have heard before, however, these efforts are not enough. The number of people in need continues to increase as traditional resources dwindle. For many groups, the pressure of reacting to short-term emergency needs precludes the development of long-term initiatives to eliminate hunger and poor access to food. It is this reality that has brought forth other groups that have found the means to examine the broader picture. They have developed alternatives to those production, pricing, and distribution anomalies of the food and farm system that help to perpetuate hunger and poor nutrition.

In and of themselves alternative food self-sufficiency projects are not the panacea. Working in tandem with front line food providers and assistance programs, however, these initiatives can help families better manage their food dollar and can help under-served neighborhoods stem the outflow of capital from their communities.

Before sharing a few examples of how food self-sufficiency can be promoted through community and economic development, I would like to provide background on the circumstances that confront consumers in many under-served, urban neighborhoods.

Over the past two decades, low-income, urban communities have experienced an exodus of supermarkets chains. Most of these stores left in search of more lucrative suburban markets and space to develop the preferred 50,000 square foot superstore. With the exception of chains located in those regions that have reached their growth capacity and a few less-conventional food distributors, new supermarkets are slow to reopen in under-served areas. When supermarkets have reentered urban markets it has generally been in, or on the fringe of, areas that are undergoing gentrification.

To fill this void, small, independent, grocery stores have proliferated in low-income communities. Because of the scale of these operations and the nature of the wholesale food industry, these stores are often unable to offer prices competitive with supermarkets. They generally offer a more limited product line, sell few fresh vegetables and meats, and have a slow product turnover time. These stores usually have few job prospects for neighborhood residents. Often the proprietors and workers live outside of the community and thus perpetuate the outflow of revenue from the neighborhood.

Unfortunately, for many families this is all there is. Without private transportation or adequate public transit networks to travel to suburban supermarkets (an expense itself), many residents become captive consumers. The buying power of their food dollar, whether in food stamps or in cash, is significantly diminished. For example, in 1984, the Maryland Food Committee conducted a price survey of small food stores in seven low-income Baltimore neighborhoods that were without supermarkets. These results were compared with prices in two suburban supermarkets. The survey revealed food prices in the neighborhood stores to be over forty percent higher than prices in the suburban supermarkets.

These trends are substantiated by the many anecdotal accounts of families unable to satisfy a basic need because of the high price, poor quality, and limited access to food. Others tell of having to mortgage their future food stamps to neighborhood grocers in order to put food on the table today. This cycle of credit dependency is similar to that of the company store of yesterday. Such circumstances do not foster much of a sense of choice or optimism for the parent trying to provide for his or her children or the elderly person living on a fixed income.

To be clear, however, the small grocery stores are not the villains in this scenario. Although their prices are indeed higher than the norm, they are also victims of a food system that has been vertically integrated by major corporations that control the means of food production, processing, distribution, and marketing -- all under one roof. Despite the efficiencies that may exist under such a system, the small farmer, the small processing plant, independent grocers, and consumers of limited means shoulder the economic hardship of this bigger-is-better mentality.

Remedies for this are certainly beyond the scope of today's remarks. It is important, however, to keep these realities in mind as we strive to correct the problems of hunger and malnutrition through improved access to affordable, quality food.

Within reach are opportunities to promote self-sufficient food projects at the grassroots level. Many examples exist throughout the country. I would like to share a few examples of activities in Baltimore that employ community economic development techniques, outreach, and education to correct some of the deficiencies of the urban food system.

Responding to its study of food prices in under-served areas, the Maryland Food Committee, in 1985, began a project to help develop alternative retail food outlets in these neighborhoods. Called the Community-Managed Food Store Project, the Food Committee provides technical and financial assistance to eight community-based organizations that are working to develop or sustain these ventures. The immediate goal is to offer quality groceries at prices less than the neighborhood norm. The long-term objectives are to reduce, through competition, the abuses found within neighborhood food systems and to create an alternative wholesale purchasing vehicle that will further enhance the competitiveness of the community-managed food stores.

There are presently four community-managed food stores in operation and four more under development. Although they are small in scale -- most under 1,500 square feet -- they offer prices that average twenty-five percent below area competition. This is possible because of a development model that combines aspects of real estate development with cooperative economics and traditional business principles.

Because the stores are sponsored by nonprofit, community-based organizations, they offer a sensitivity to the nutritional and economic needs of community residents. They make a special effort to serve food stamp recipients, but will offer a membership to any resident.

In addition to providing reasonably priced food, the community-managed food stores can become the focal point for a range of food-related community projects such as nutrition education, food preservation, and food preparation demonstrations. Some organizations have even combined the community-managed food stores with efforts to provide affordable rental housing in the space above the stores. Since the project is community-owned and -operated, proceeds are continuously recycled through the operation and thus maintained within the community. The Community-Managed Food Store Project provides a demonstration in self-reliant, grassroots development and an opportunity for enhanced food security.

Another means of promoting food security is through the development of community gardens. Far beyond just improving the physical character of a neighborhood, urban gardening provides fresh food for many who would have no access to these foods. In keeping with the House Appropriation Sub-Committee on Agriculture's charge that urban gardens be developed "for food production, worked by low-income families, including youth, to result in improved nutrition for these families," the Baltimore office of the Cooperative Extension Service has targeted economic development, health, and human development as urban gardening priorities.

Urban gardening in Baltimore has produced measurable economic impacts. Between 1984 and 1987, over one million square feet, or 23.5 acres, of garden area have been logged. This includes community sites, public housing sites, and home gardens. The dollar value of food produced, according the USDA calculations, was $896,600. While an average savings per gardener of $68.00 may seem insignificant at first glance, it offers tremendous benefits to a family that otherwise would have no access to fresh produce. When the alternative is the food distribution scenario described earlier, the benefits of grow-your-own become more attractive.

Between 1984 and 1987, over 9,500 adults and 2,700 youth received direct urban gardening instruction from the Baltimore Cooperative Extension Service. Thousands more were taught through printed material, soil tests, clinics, television, and radio. Extension also provides nutrition education to gardeners, placing emphasis on food preservation and preparation techniques that are low in fats, cholesterol, and salt. Through the Expanded Food and Nutrition Education Program (EFNEP), close to 600 limited income families received intensive health and nutrition education in 1986. When added to the more than 4,000 residents that participated in Extension's food, nutrition, and health workshops, these numbers suggest the viability of the community-based, food self-sufficiency network.

The Cooperative Extension Service has shown that limited income families and food stamp recipients are indeed interested in expanding their food purchasing power and learning good health and nutrition practices. It should serve as a source of encouragement to other agencies working to reduce the barriers to adequate food and nutrition resources.

Other opportunities exist to promote locally responsive food systems through community economic development. Although they also do not offer an immediate reduction of the barriers to federal food programs, they contribute to the long-term, systemic solutions to the problems of hunger and poor access to quality food.

Agencies that serve recipients of federal food programs can inform families of other community-based food activities that can help them better manage their food dollar for good nutrition and economic well being. Local food policy initiatives that recognize open space opportunities for edible landscaping can augment urban food production activities. Local planning and zoning agencies can further recognize these open spaces as protected uses from development. Likewise, surplus federal lands can be made available for regionally-based food production.

Federal, state, and local economic development agencies can foster community-based food projects by making grants and loans available to cottage style, small-, and medium-size food production, processing, and distribution projects. Federal and state agencies and legislators can encourage the growing alternative agriculture movement, a component of which calls for the development of new production and marketing strategies for small and limited resource farmers. Under-served urban communities are prime candidates for such urban/rural partnerships.

Through these and other creative initiatives, we can begin to move away from the pattern of dependency that engulfs so many of our families, communities, and institutions. Alliances built around the common theme of self-reliance can move us toward a system that is equitable and that promotes food security for all citizens.

REGIONAL FOOD SYSTEM OPPORTUNITIES AND COMMUNITY ECONOMIC DEVELOPMENT

A Concept Paper

by

Marcia E. Kingslow

Despite the seemingly endless availability of food in our local supermarkets and the staggering food surpluses known to be kept in government stockpiles or destroyed each year, the American food and farm system is in trouble. The family-farm debt crisis and other factors are causing the demise of traditional agriculture and forecasting socio-economic doom for agricultural-based rural communities; increasing amounts of prime farmland are lost to development, soil erosion, monoculture production, and water mining each year; energy- and chemical-intensive food production techniques are promoting further environmental degradation while the cost of these techniques and long-distance transportation add to the ever rising price of food; hunger is evident as the demand for emergency food in some communities has increased by over 200 percent since 1982; and corporations have used vertical integration to take control of the components of the food system while their supermarkets have taken place in, and often led, the economic disinvestment and abandonment of low-income communities.

Agriculture has become agribusiness and market-capture is its raison d'etre. Like many other modern industries, it has sought a position in the international trade arena. But since 1981, agricultural exports have declined by more than 30 percent while imports have risen almost 25 percent. Developing countries are becoming more food self-sufficient while America imports broccoli and tomatoes from Mexico, beef from Australia and Argentina, apples from Chile, and orange juice from Brazil. Despite the U.S. policy of competitiveness, American farmers are being driven out of the international grain market and are finding it increasingly difficult to enter the domestic produce and meat markets. In addition, U.S. food corporations have moved many of their processing operations abroad. Not only does this have employment implications, but it raises nutritional, health and moral concerns since environmental and chemical regulations regarding food production, processing, and worker safety are less stringent in most developing countries than in the U.S.

What we have is a food system dependent on external forces. The cost of this dependency is swiftly spreading downward through all sectors of society. Moreover, the acceptance of dependency is a disturbing presence in the national food system as well. In many states food imports account for over 70 percent of their food needs. This food not only comes from abroad, but from other states. This structure promotes that outflow of local capital while the consumer ultimately bears the cost in higher food prices and in the loss of nutritional value from eating food picked prematurely so as to endure long-distance shipping. Most U.S. cities have a two to three day supply of food. Given the system's level of dependency, a labor dispute, transportation shutdown, environmental catastrophe, or energy shortage could seriously threaten this supply. In a crisis, panic buying could empty supermarket shelves in a day, despite price escalations caused by the exploited demand. Under this scenario, many poor people would go hungry.

Implicit in U.S. food policy and the food and farm system is the notion that self-reliance in general and local/regional self-reliance in particular is an inefficient economic concept for such a technologically advanced state. There is also little regard for understanding the food system as a component to be integrated with other components of the economic system. That this perspective is prevalent in other sectors is evident in the degree of external dependency found in the energy, transportation, finance, and manufacturing industries. But society continues to pay the cost while making only marginal progress toward building sustainable, self-reliant communities. For the laudable examples of self-reliant community development that do exist, much more can be done. In my view, the community economic development community can be a viable participant in this effort beyond what it has already accomplished.

Historically, community economic development was viewed as a solution to the problems of poverty and inequitable resource distribution through the creation of physical, social, and economic development projects. These projects provided resources for housing, jobs, and business development as well as promoted the human and social aims of the community. Over the years, however, a sophisticated network of community development corporations has developed that places more emphasis on the economic return from its physical and business developments than on the social benefit and community needs. While it is understandable that recent federal and private sector funding cuts force the CDC to work for its own survival, it comes at a time when the need to broaden the community improvement agenda is increasing to include a range of areas that will determine the viability of the future and the sustainability of communities. The area of food production and distribution is but one of these areas.

The development of regional and local food and farm systems that replicate the components of the larger system, but at a scale that is compatible with other community development initiatives, lends itself nicely to the concept of community self-reliance. Not only would such a system address some of the production, pricing, and distributional inconsistencies of the larger system. These approaches would allow community development organizations to forge new alliances and reaffirm their commitment to the overall betterment of the community.

Regional food systems that emphasize import substitution can significantly alter the tide that has forced small farmers to abandon the trade as well as create new jobs in the food processing and distribution sectors. In addition to developing creative finance and production techniques, the key to the success of a regional food system is in its distribution strategy. This would included both marketing and transportation. And the markets exist -- in low-income communities that have poor access to reasonably prices, fresh food; in upscale urban communities that prefer nonirradiated, locally-grown products; and everywhere in between. Direct sales to consumers through farmers markets, alternative food stores, and coops; institutions that prepare food on site; the restaurant and food purveyors sector; and through the traditional markets could all be a part of a regional food distribution effort. These strategies could promote greater urban-rural linkages so needed in these time of competition and fragmentation.

Another approach might be to promote integrated urban-rural development by focusing on food and agriculture as a sectoral intervention target. Various components of the food system could be developed with a special focus on capturing traditional and alternative regional markets. In addition, the replication of the larger system could include the vertical integration of food system components under the control of community-oriented development groups. Such replication has been accomplished at the grassroots neighborhood level in a number of cities. Although the emphasis of these neighborhood food system models is to improve peoples access to affordable, quality food rather than on receiving a financial return, they offer strong encouragement to pursue such models on a grander scale.

Work in the area of food policy can do much to promote self-reliant food systems, particularly at the local, regional, and state levels. The food and agriculture sector should be accepted as viable planning and development targets along with housing, transportation, and downtown development. Efforts must move beyond emergency-oriented anti-hunger work to exhibit a sensitivity to how food issues are interrelated with other planning and development areas. Land use decisions can be made to promote local food production in both rural and urban areas. Business development strategies can be created to encourage responsive food delivery projects.

The benefits of a regionally-based food system will accrue throughout the community. Farmers can receive a higher price for locally-produced and -consumed food than they could for soybean and feed corn sold on the international market. Consumers can purchase food at lower prices but with a higher nutritional value -- and those living in historically underserved communities will be less threaten in times of need. Supermarket and food wholesalers can reduce their operating budgets for cooling, storage, and transportation. The local and regional tax base could improve as the outflow of capital diminishes and dollars are recycled within the system. Through these and other initiatives, the community as a whole could benefit from the momentum developed and alliances built around self-reliant, regional and local food systems and begin the transformation toward the sustainable community.

RESPONSES TO QUESTIONS FOR MARCIA E. KINGSLOW

QUESTIONS SUBMITTED BY HON. BILL EMERSON

Question. What do you see as a means to end the "cycle of credit dependency" that you talked about in your testimony?

Answer. The cycle of credit dependency that I referred to in my written testimony is largely an undocumented phenomenon of the food system in poor, urban communities. The anecdotal evidence, however, suggests that borrowing against future food stamps or cash in order to put food on the table is common. The stories I have heard suggest that this practice is not confined to times of crisis or done in lieu of seeking emergency food assistance, For many, it is an ongoing cycle. Several suggestions come to mind that may ameliorate this problem.

A. Adjust food stamp allocations to correspond to area subtleties in price and food distribution patterns. For example, in urban communities that are low-income, have a dearth of supermarkets, and a retail food structure made up of small, corner store grocers that charge prices significantly higher than suburban supermarkets, food stamp allocations could be adjusted to reflect such dynamics. With allocations that reflect the actual cost of food in such areas a family would not have to sacrifice good nutrition or a part of their economic independence to have an adequate food supply from month to month.

B. The practices of food retailers that trade in food stamps could be monitored to ensure that they are not abusing the privilege. While there are limits to such oversight, of course, sellers, should not be rewarded for such unscrupulous practices as raising prices when food stamps are distributed and selling nonfood items on credit if the customer agrees to repay the loan with the next months stamps.

C. Most significant would be the development of alternatives to the existing food patterns in underserved communities that would provide residents with a choice of outlets that offer a fair price. This may include attracting supermarkets to these areas or rerouting public transit lines to provide access to outlying supermarkets. It could include the creation of food cooperatives, nonprofit and community-controlled food outlets, or farmers and tailgate markets. Food stamp distributors should work with the developers of these alternatives to create education and outreach components to inform recipients of such opportunities. Included in this should be information about budgeting and cost-cutting food purchasing and preparation tips.

Question. Ms. Kingslow, what type of plan or procedure do you think could be integrated to improve access to affordable priced, quality food so that we could take meaningful steps toward correcting the problems of hunger and malnutrition?

Answer. In my written testimony I referred to my work with the Maryland Food Committee and the Cooperative Extension Service as examples of viable, locally based initiatives to improve access to affordable, quality food in low-income communities. These types of projects recognize the importance of self-help community development, education, and cooperative economics to the effort of alleviating hunger and malnutrition. The more sophisticated of these projects are even able to link these benefits to other community improvements such as business and employment creation, housing and commercial revitalization, open space preservation, and food policy. But while they are of a grassroots nature, these projects are really a response to the impact that the national and international food and agriculture systems has had on the underserved in low-income communities. In my view, it is not until we begin to correct the problems of the larger system will we achieve true parity for all and, thereby, reduce the incidence of hunger and malnutrition that is caused by inadequate access to reasonably priced, nutritious food.

Based on my examination of the larger food and farm system and its impact on the consumer—particularly the low-income consumer—the small farmer, small food processing businesses, and independent distributors, I set forth a number of strategies to strengthen or preserve their role in the food system. They are included in my paper entitled "Regional Food System Opportunities and Community Economic Development." I submit this paper to the select committee for inclusion in my answer to this question. (See p. 143.)

Question. Ms Kingslow, could you expand on what is know as "urban gardening"?

Answer. Urban gardening, community gardening, and urban agriculture are loosely synonymous terms for the practice of home food production on cooperatively controlled plots or in home gardens. The concept is not new. Public gardens for food production as well as beautification have been around since Revolutionary times. During world War II victory gardens were a popular means of supplementing the family diet. The growth in community gardening over the last decade is largely a response to the rising cost, poor quality, and poor access to food.

According to a 1984-85 national survey conducted by the National Gardening Association, there are 1.3 million acres of land currently used as home or community gardens. Seventy-one percent are located in urban areas, 17 percent suburban areas, and 12 percent rural communities. These gardens produced 13.5 million pounds of vegetables that year, at a dollar value of 12 billion. For an average of $32 in material costs, the average garden produced $356 worth of food products.

Respondents to the survey said the primary reasons for participating in community gardening was to have better tasting, more nutritious food, 42 percent; and to save money, 39 percent. Ninety percent of community gardening households consume their food themselves. Sixty-four percent preserve some of the food they grow.

According to the national survey, an estimated 12 million nongardening household, or 1 out of 4, would be interested in having a plot in a community garden if one were near them. With all the surplus land held by Federal, State, and local governments and all the unused property owned by institutions and corporations, land should be made available to everyone that wants to improve their nutrition and home economics through home food production.

PREPARED STATEMENT OF JAN HOUBOLT, EXECUTIVE DIRECTOR, MARYLAND FOOD COMMITTEE

Mr. Chairman and Members of the Committee, my name is Jan Houbolt and I am the Executive Director of the Maryland Food Committee. I am pleased to appear before this Committee today as you look into one of the most serious issues facing us today -- how to increase the number of eligible participants in the federal food programs.

You have heard before from program administrators who can offer their first-hand experiences and recommendations about ways the federal government can remove "barriers" and make these programs more accessible to those they are intended to serve. I would like to make some observations, from our perspective as a non-profit, statewide, anti-hunger organization, on how federal policy affects the lives of the poor and hungry in Maryland and how private organizations and individuals have had to help those that are up against these barriers.

Since our inception in the late sixties, we have seen that the plight of the hungry in Maryland is directly related to what happens in Washington. The Maryland Food Committee, in fact, was started by a number of local teachers, physicians and religious leaders in response to a finding that four out of every ten school children in Baltimore City showed signs of malnutrition. Their response at first was simple and straightforward -- they made sandwiches and delivered them to schools. They realized, of course, that this could not be a permanent solution and worked to assure that every school in Maryland participated in one of the most successful federal anti-hunger programs, the School Lunch Program.

Increasing signs of hunger and malnutrition during the sixties led to the creation of new programs and increased funding in existing ones. The effectiveness of each of these programs -- the Food Stamp Program, the Special Supplemental Program for Pregnant Women, Infants, and Children, the School Lunch and Breakfast Programs, the Elderly Nutrition Programs, and the USDA Surplus Commodity Program -- has been proven by studies, such as the one published by the Field Foundation, over and over again. Because of them, hunger in America, and here in Maryland, was virtually eliminated in the seventies.

Tragically, the eighties have seen a dramatic reversal as the Federal Government began to dismantle some programs, reduce appropriations in others, and introduce complex and confusing regulations making it increasingly more difficult for people in need to enroll and stay in these effective, anti-hunger programs. Now in our eighteenth year, we are disheartened to find that the number of hungry in Maryland has never been greater.

How have changes at the federal level hurt us here in Maryland? Consider the Food Stamp Program. In September 1981, 340,649 individuals participated. That year, the Federal Omnibus Budget Reconciliation Act was enacted, eliminating money for outreach, changing the household definition, and making other sweeping changes that had the effect of making the program much more difficult for clients to negotiate. Over the next four years, the caseload dropped 20%. By October 1986, only 261,608 individuals participated in the program, a decrease of 23% since 1981.

Some of this decrease can be attributed to a healthier economy here in Maryland. But many families have yet to experience "economic recovery". Instead, they face housing costs that claim 35-45% of their income, fuel bills that claim another 20%, and food needs that claim another 40%, leaving them with a cash shortfall each month. These costs far outpace both the minimum wage and the average public assistance grant.

Other families experience emergencies that quickly drain their savings and then their cupboards. The Food Stamp Program could help them, if only they knew to apply. In this neighborhood lives a young man, whom we'll call Mike, and his family. Mike comes from the Caribbean. He and his wife moved here several years ago. Until last month, things had been going well for them. Mike worked as a security guard. They started a family and now have two children.

Last month, Mike lost his job. The family quickly ran through their savings as he looked for a new job. Mike didn't know about the Food Stamp Program. Two weeks ago, a friend told Mike about the program but also told him it would take a month before he could be helped. That was too long to wait. Finally, last week, he came into the food pantry right next to this auditorium. His family was in desperate need of food. The people here gave him groceries, told him about Expedited Issuance, and helped him to apply.

If the Maryland State Government had been undertaking the type of outreach that occurred prior to 1981, chances are that Mike's family would not have gone so long without food. Without federal help, however, outreach efforts have virtually disappeared.

We know about the Mikes -- those who, by the good graces of helping people in our communities, are eventually steered in the right direction. We know less about the others -- those who are uninformed or misinformed about Food Stamps, and are never helped. We do know, however, that of the estimated 470,000 individuals in Maryland eligible to receive Food Stamps, only 262,000, or 56%, are now being reached.

The Maryland Food Committee strongly believes in the importance of outreach. Therefore, this year we are undertaking our own Food Stamp Outreach Campaign. This campaign, supported by contributions from churches and individual members, has two goals: to get the word out about Food Stamps, and to maximize services to those already on the program. We are working with clients, service providers, state and local agencies, and advocates to identify and document barriers to participation. As the campaign goes on, we will be glad to share this information with you.

Other changes in the Food Stamp Program have also affected participation. Cuts in benefits have particularly hurt the working poor and elderly, many of whom have dropped out of the program. For other programs, such as WIC and Elderly Nutrition, the biggest barrier is lack of money. Nationally, the WIC Program is only able to serve half of the women, infants, and children who are eligible. Only a small percentage of the poor, frail elderly are able to eat through the Meals on Wheels Program. Efforts to feed people through TEFAP, the Summer Feeding Program, and the Child Care Food Program are hindered by little or no federal administrative dollars and bureaucratic red-tape that discourages local groups from participating.

Unfortunately, the primary goal in federal food programs has seemingly switched from reaching those in need to preventing "fraud and abuse". We are obviously against fraud but become concerned when an emphasis on enforcement against a few results in the denial of legitimate benefits to many others.

I will leave it to the other panelists to point out other specific changes needed to restore the effectiveness of anti-hunger programs. Let me conclude by pointing out some rather startling statistics. In 1980, there were 4 soup kitchens operating in this city. Today there are 29, serving an average of 3,000 meals a day. In 1980, there were 35 food pantries in Baltimore. Now there are over 125. The number of soup kitchens and food pantries statewide has grown from two to three times since 1980. There is little doubt that many previously helped by the federal government must now turn to churches and individuals for food.

Through the generosity of churches, synagogues, and individuals, the Maryland Food Committee is able to provide funds for soup kitchens and food pantries throughout the state. We also coordinate other activities -- for example, community-managed, non-profit food stores, local canning projects, and brown-bag clubs -- that help communities help themselves. However, there is a limit to how much the private sector can help. The responsibility of the federal government to help the poor and hungry is well recognized. With your help, we can assure that this role is carried out to its fullest. Thank you very much.

ENDING HUNGER IN BALTIMORE: THE NEED FOR AN INCREASED COMMITMENT FROM THE CITY GOVERNMENT

There is significant hunger in Baltimore. According to the Governor's Task Force on Food and Nutrition, as many as 260,000 Baltimoreans are likely to be without food at any time this year. They include the working poor, those living on insufficient welfare grants, the homeless, those experiencing a family crisis, and those temporarily unemployed. They include mothers, infants, children, and the elderly.

The growth in both the number and volume of private charitable assistance efforts indicates an increase in the number of hungry in the City. These efforts include soup kitchens, which serve a prepared meal, and food pantries, which distribute a three-day supply of groceries to the needy. In 1980, there were approximately 5 soup kitchens. Today there are 29, serving an average of 3,000 meals a day. In 1980, there were approximately 35 food pantries in Baltimore. Now there are over 125. The Maryland Food Bank, which receives food from wholesalers and retailers that would otherwise be thrown away, distributes up to 400,000 pounds of food per month to soup kitchens and food pantries in Baltimore alone.

Traditionally, soup kitchens and food pantries have served different populations. Unemployed homeless men continue to primarily use soup kitchens, but an increasing number of women and children now also eat at them. This is especially true during the summer months when children cannot get free or reduced price meals at school. Families in need are also likely to use food pantries. A recent sample survey of food pantries in Baltimore City found that the average size of a household served was 2.9 persons. Of those served, 45.9% were under the age of twenty and 26.9% were under the age of ten. The severity of need among food pantry users was great: almost half had missed at least one meal in the previous month because there was not enough money to buy food for the family. One out of every five characterized themselves as either long-term or frequent users or both.

Evidence of hunger in Baltimore can also be seen by looking at the large number of those who are eligible but not served by federal food programs. For example, an estimated 260,000 Marylanders are eligible but are not enrolled in the Federal Food Stamp Program. Of those, 63,000, or almost 25%, live in Baltimore. Additionally, a large number of City school children remain unserved by the Federal School Meals'Program. On an average day in March, 1987, close to one out of every four students entitled to receive a free lunch did not. Almost half of those entitled to receive a reduced-price lunch did not. Well over three out of every four students entitled to receive a free or reduced-price breakfast did not. While participation rates in federal food programs in Baltimore compare favorably with the rest of the state, the disproportionate number of needy in the City means that a large number of people remain unserved.

The City of Baltimore has in the past played a number of roles, both financially and logistically, in combating hunger. The City has been instrumental in creating and operating Second Helping, which picks up leftover food from restaurants and catered events and delivers it to soup kitchens. The City has awarded Community Development Block Grant and Neighborhood Incentive Project funds towards the development of nonprofit, community-managed food stores. The City also has a representative on the State Advisory Council on Nutrition.

Each year, the City co-sponsors and contributes both labor and items to the Maryland Food Committee's Auction for Action, which raises money for direct feeding of the hungry. The City also helps distribute baskets of food during the holiday season and plans to help distribute canned goods donated during the November Bags of Plenty campaign. In the next academic year, a new fund-raising program to combat hunger will involve all 116,00 public school children.

These efforts need to be continued. We believe, however, that the City can do even more to assure adequate and nutritious food for all of its citizens. There are immediate actions which the City can take to meet the pressing, desperate needs of the hungry. At the same time, we recognize that merely responding to crisis situations is not enough. We see the need for the City to take a comprehensive look at the food supply and distribution system and to include food policy as part of the City's planning activities.

Specifically, we would like to see the City increase the number of children receiving free or reduced-price school meals, facilitate the use of public property for food assistance efforts, reduce barriers to participation in the Food Stamp Program, and develop a municipal food policy to assure an adequate and nutritious food supply to all citizens of Baltimore.

1) SCHOOL LUNCHES

GOAL: Increase participation in the National School Lunch and School Breakfast Programs

Efforts to improve the City's educational system, through increased resources and reduced classroom size, should include increasing the number of students who receive free or reduced-price meals. Many studies have documented the need for a nutritious breakfast and lunch before students can learn.

While participation rates in both programs has recently increased, large numbers of students still remain unserved. For example, on a typical day in March 1987, of the 7,726 City students certified to buy lunch at a reduced price of 20 cents, 3,482 students did not participate. This number does not reflect the number of students who may have been absent or eating elsewhere; but it also does not include the number of students who may be eligible but who have not applied for the program. As the Governor's Task Force points out, this results in lost opportunities to provide nutritional support to high risk youngsters, as well as a loss in federal reimbursable dollars.

ACTION: The City's school officials can increase participation in two ways. First, a policy should be formulated which ensures the privacy of each participating child. Secondly, an all-out effort must be launched to encourage participation.

The State Advisory Council on Nutrition found that despite continuing efforts on the State and local level, the identification of students participating in free and reduced price meals programs is still possible. This remains true in the City. We have heard stories of City schools where only students who receive free or reduced-price meals receive coupons to use in the cafeteria line. Some students choose not to participate rather than be singled out in this fashion. An enforced, citywide policy would go far to eliminate any discrimination in the School Meals Program.

There is also a need for the City to mount an extensive outreach program to enhance public awareness and encourage eligible students to participate. Each year, the State Department of Education sponsors School Breakfast Month which has increased participation in that program; a citywide effort aimed at both the breakfast and lunch programs would have similar results. This effort should be an integral part of any plan to improve City schools. After all, no amount of improvement to the school system will help the student who suffers through his or her lessons with an empty stomach.

2) USE OF PUBLIC PROPERTY

GOAL: Facilitate Use of City-Owned, Abandoned, or Unused Buildings for Emergency Food Centers and Community-Managed Food Stores

The Zone 23 Survival Center, made up of members of churches and organizations located in Zip Code 21223 of the City, has been operating an evening soup kitchen since 1983. They operated out of Steuart Hill Elementary School until 1985 when they were asked to leave. Unable to relocate permanently at any church, since most have regularly scheduled evening activities, they have used St. Martin's Church Hall since November, 1986. However, the rent is now $125/month, and the kitchen must find a new home before November, 1987.

Their experiences highlight the problems private organizations face when they attempt to feed the hungry. People are willing to devote their time and energy but often do not have available space or sufficient start-up resources.

ACTION: The City can help in two ways. First, they can explore ways in which buildings such as public schools can be used after-hours by soup kitchens. Secondly, plans to renovate city-owned abandoned buildings should consider use by community-based organizations.

To illustrate the second point, the Maryland Food Committee has developed a model to assist community-based organizations create non-profit, community-owned and -operated food stores in neighborhoods with poor accessibility to reasonably-priced, quality food. Under this model, mixed-use buildings are converted to house the food stores on the ground floor and low-income rental units above. Not only do these operations provide residents with an alternative means of purchasing food, they are a stabilizing factor in declining communities, offering quality housing to resident of limited means.

3) FOOD STAMPS

GOAL: Reduce Barriers to Participation in the Food Stamp Program

The Maryland Food Committee has recently undertaken a year-long statewide Food Stamp Outreach Campaign. Outreach means providing information to those who do not know about the program. It also involves eliminating barriers to participation, barriers which keep people from applying for Food Stamps and interfere with the completion of the application process. The Governor's Task Force has identified several of these obstacles, including:

- program complexity, which creates great confusion and leads many people to believe that their own life circumstances would disqualify them from receiving benefits;
- poor client-worker relationships resulting from factors such as frequency of program changes, inadequate training, and error-rate pressures; and

- local Department of Social Service hours or appointment procedures which prevent certain groups, such as the working poor, from applying.

Some of these barriers can only be addressed at the federal or state level. However, others require changes in the operations of the local DSS offices.

ACTION: The City should work in cooperation with the Baltimore City Department of Social Services to remove or reduce barriers to participation and assure that the Food Stamp Program serves as many of those eligible as possible.

4) MUNICIPAL FOOD POLICY

GOAL: To develop a municipal food policy, assuring an adequate and nutritious food supply to all citizens of Baltimore

The need for a municipal food policy is best expressed in a report issued by the United States Conference of Mayors:

> "[U]ntil recently confronted with the urgent problems of hunger and malnutrition, few cities have given much thought to issues affecting their food supply and distribution system. As a result, food policy has rarely been included in a city's comprehensive planning activities. And the relationship between food supply and other basic and more traditional components of municipal public policy and concern -- transportation, health, housing, sanitation, regulatory measures and emergency preparedness -- has been generally overlooked. For example, changes in a bus route can make obtaining food more difficult for city residents who are dependent on public transportation. Yet, local transportation decisions rarely take such factors into account."

Municipal Food Policies, U.S. Conference of Mayors, October, 1985

Several cities around the country have recognized the need for a comprehensive look at food supply and distribution. For example, in 1984 the Mayor of Saint Paul established an Ad Hoc Task Force on Municipal Food Policy. The Task Force had broad public and private sector representation, including members from the food industry, the county extension service, the City Department of Planning & Economic Development, as well as anti-hunger advocates. After meeting for a year, the Task Force made specific recommendations including the creation of a Food and Nutrition Commission to develop a city food policy. The Commission is presently finishing its work on this policy, which will be presented shortly to the City Council for adoption. (Charleston, Kansas City, Philadelphia, and Knoxville have all undertaken similar activities.)

The U.S. Conference of Mayor's report identifies several positive outcomes that have resulted from these efforts:

- bringing together various groups involved in food and nutrition issues in a collaborative effort which increased coordination and improved the use of local resources;
- raising awareness of food issues within city government and the community; and
- identifying specific roles for the city and community.

ACTION: The City of Baltimore should create a task force to develop systematic approaches to both the urgent and the long-term food needs of city residents. Its investigation should produce a comprehensive food policy, guiding the efforts of all City departments.

While problems in the food supply system most clearly affect low-income residents, all citizens would benefit from these efforts. In addition to considering the advisability of a municipal food policy, this body could specifically look into:

- working with community developers to establish alternative food distribution outlets and supermarkets in underserved areas (a 1984 survey revealed that the cost of food in low-income communities primarily served by small grocers is approximately 40% higher than the cost of food in suburban supermarkets);
- improving service to DSS Emergency Environmental Services clients (currently, every client must go to the main office at 1500 Greenmount Avenue to be serviced, an often insurmountable task for a family in crisis); and
- preserving existing community gardens and including community gardening as part of the City's comprehensive neighborhood economic development plans.

These and other problems require the type of research and creative problem-solving that a task force could bring to bear.

Conclusion

Primary responsibility and resources for combatting hunger has traditionally come from, and should remain at, the federal and state levels of government. However, we believe that City government should also play a role in this struggle. In addition to the items outline above, all present activities of the City should not only be perpetuated, but pursued with new vigor. With careful planning and an active partnership amongst government, non-profit and private organizations, we can eliminate the suffering of hunger in Baltimore City.

RESPONSES TO QUESTIONS FOR JAN HOUBOLT

QUESTIONS SUBMITTED BY HON. MICKEY LELAND

Question. Along with Ms. Weatherholtz, you cite the introduction by the Federal Government of "complex and confusing regulations" in the 1980's as a major barrier to participation in Federal aid programs. What specific suggestions can you offer which would simplify existing procedure while facilitating cooperation between Federal, State and local levels?

Answer. The most important immediate action that could be taken would be a moratorium on program changes. State and local officials can barely keep pace with the current onslaught of rule and regulation changes; it is impossible to effectively administer everchanging programs. In the interim we support recommendations to coordinate and simplify the various programs, so that a basic set of definitions and policies govern them all. This would require Federal, State, and local administrators of the food and nutrition, and other low-income programs to come together and develop a comprehensive framework for the delivery of services. Other recommendations such as "one-stop shopping" would also make programs simpler and more effective.

We must make sure, however, that changes to simplify and coordinate programs do not adversely affect clients. In fact, one way to prevent complexity and confusion would be to require future proposed regulations to include a specific assessment of their impact on clients, much as current regulations assess their impact on small entities and in a variety of other ways. Those proposed regulations which erect additional barriers to participation should not be adopted.

Question. While you claim that participation in the Food Stamp Program in October 1986 has decreased 23 percent since 1981 and that "the number of hungry in Maryland has never been greater," you also cite the guadrupling of food pantries in this time as well as the even greater increase in soup kitchens. Does this necessarily indicate that more people are hungry today than in 1980? Could it not mean instead that communities, as you testified, are helping themselves with the Federal Government fulfilling its intended responsibility of providing assistance only to those most desperately in need?

Answer. It is worth noting at the outset that the experience in Maryland runs contrary to the notion that soup kitchens and food pantries sprung up in the 1980's and began to attract the "less needy" from the Food Stamp Program. Rather, soup kitchens and food pantries were started in response to a dramatic increase in the number of hungry people. During this time, in fact, we received numerous requests from churches and community groups asking us to help them respond to increasing requests for food assistance by those living in their neighborhoods. Those seeking help were, in fact, in desperate need of food.

We do not have a nutrition surveillance and monitoring system which would allow us to precisely compare the size and composition of those no longer receiving food stamp benefits with those who now use food pantries and soup kitchens. Evidence such as participation rates, however, belie the assumption that the Federal Government has successfully targeted aid to those most desprately in need.

Food stamp caseload size might appear to be an appropriate measure of effective program coverage, but need to be considered in conjunction with participation rates. Participation rates measure the number of person receiving benefits against the number who are eligible for the program. Had the Government been successful in targeting assistance to those most in need, one would see reduced caseloads but steady or increasing participation rates. That is, the denominator—the number of those eligible—would have been reduced as eligibility was tightened leaving a higher precentage of participation by those still eligible for benefits.

Unfortunately, we have experienced decreases in both caseload and participation rates. It is estimated that 38 percent of those now eligible for food stamps in Maryland do not receive them. To emphasize, this number includes only those still entitled to food stamps after eligibility was tightened. One might hypothesize that this group is comprised of those "least in need"; one could argue with equal force that those who remain unserved are those who are most in need but who are unable to negotiate the system. We do not have current data to resolve this question. We believe, however, that all of those who remain eligible for food stamps are desperately in need of food, regardless of degree, and should be served.

Finally, we would not be staisfied even if it could be shown that there has been an even trade-off between the decrease in food stamp caseload and the increase in private, charitable assistance. One need only visit a soup kitchen or food pantry once to know that it is not an experience with affirms one's dignity or self-worth. They are not an acceptable substitute for Federal food and nutrition programs designed to foster self-sufficiency. They are also not as stable or reliable as Federal programs. Soup kitchens and food pantries rely on financial support and volunteers from the community. When either or both become unavailable, they must shut their doors. The prospect of this occurring in the absence of effective Government assistance would be disheartening to members of society and tragic for those in need of food.

QUESTIONS SUBMITTED BY HON. BILL EMERSON

Question. Mr. Houbolt, could you elaborate on the term, "Expedited issuance", and give the committee reasons why this method of issuance is not used any more often than it is?

Answer. Federal regulations normally mandate that eligible food stamp households receive benefits within 30 calendar days of the date of application. A household that has little or no money and needs immediate help is eligible for expedited service, which means they must receive benefits, if eligible, within 5 calendar days. Any household with less than $150 in gross monthly income and $100 or less in liquid assets must receive expedited service.

We do not have hard data indicating the percent of those eligible for expedited service who actually receive it. However, we have heard numerous stories from emergency food providers of clients who applied for food stamps but who were never informed about expedited service.

As part of our Food Stamp Outreach Campaign, explained more fully below, we will monitor and work with local food stamp offices to assure that all applicants are properly screened for expedited service. In the absence of such monitoring, it is difficult to ascertain whether this is being universally done. We recommend that the food stamp application be redesigned to more prominently display information about expedited service. Clients should be required to initial a statement that expedited issuance has been explained to them and that they understand what it means.

We are also concerned that even 5 days is too long for needy households to wait, and that many households turn elsewhere instead for help. We recommend that Congress and USDA explore reducing the number of days allowed for expedited service. Current regulations allow up to 5 calendar days and some States have chosen to deliver services more quiuckly. While we are aware of the additional administrative burden this might impose, it would be enlightening to examine the experience in different States to see if an optimal number of days could be determined.

Question. Mr. Houbolt, how do you think you and others in surrounding communities could go about spreading and informing potential food stamp applicants about possible benefits that they could be receiving? In other words, how do we reach the uniformed and misinformed?

Answer. To illustrate how this can be done, I would like to tell you about the year-long Food Stamp Outreach Campaign we are currently undertaking. (It should be noted that until 1981 Federal funds were available for States to use for outreach. States such as ours conducted outreach campaigns advertising the availability of food stamps and instructing potential eligibles where to apply. The elimination of Federal funding has required State and local governments, and other organizations like ourselves to step in and fill the gap.)

Our campaign reflects the belief that outreach efforts must include strategies for getting people to the door, through the application process, and maintaining enrollees on the program for as long as they remain eligible. There are two major goals: (1) overcoming barriers to participation that stem from lack of knowledge about the eligibility criteria, physical access problems, perceived stigma of being a food stamp recipient, or from inadequate services to applicants and clients; and (2) working with emergency food providers so they can assist their clients in accessing the Food Stamp Program, coordinate their services among themselves and with local food stamp offices, and document their services.

To achieve our first goal, we have been working on a multimedia publicity campaign to get out the word about food stamps. The Governor of Maryland proclaimed November to be Food Stamp Month. During this month, public service announcements will be aired, and posters, fact sheets, and bumper stickers have been distributed statewide. One of our cosponsors, the Mid-Atlantic Food Dealers Association, is working with their member stores to promote the Food Stamp Program and offer specials that will stimulate the circulation of food stamps. Statewide network groups are also working on their own campaigns to publicize the program in their communities. We hope to build on publicity generated by Food Stamp Month for the duration of the campaign.

Food stamp training workshops, designed to achieve the second goal, will also be held in November. These workshops will train volunteers from emergency food pantries, churches, and local advocates in the food stamp application process. During the past several months, some groups have been monitoring and working with their local food stamp offices to determine physical access problems and document other barriers to participation. These groups will soon be meeting with state officials to find solutions to these problems.

The Food Stamp Outreach Campaign is being financed through organizational resources, in-kind donations from sponsoring groups, and a grant under the Community Food and Nutrition Program. If successful, we will encourage the use of State funds to continue these efforts. We believe, however, that Federal funds for outreach are vital to ensure that all potential eligibles are reached, both here in Maryland and throughout the Nation.

Question. Mr. Houbolt, you stated in your testimony that only half of the potential WIC applicants are helped through this program. Can you tell us what barriers there are in preventing the other half from receiving benefits?

Answer. The other half cannot be served because there is not enough Federal money. Current funding levels for the WIC Program allow benefits for less than 4 of the 8 million eligible women and children. The remainder can only be reached if WIC is changed into an entitlement program or if funding levels are substantially increased.

We support House Joint Resolution 192 which would call for multiyear increases until everyone who is eligible can be served. We also supported the Senate budget resolution calling for an additional $150 million, which would have added 200,000 more women and children to the program in fiscal year 1988. At this writing, the WIC appropriation is in jeopardy of being frozen at 1987 levels as part of deficit reduction efforts. This would result in a reduction of women and children being served. We urge Congress and the President to look elsewhere for needed cutbacks, especially because WIC actually saves money, through reduced health-care costs, in the long run.

To maximize program coverage, we must also assure that those who are enrolled in WIC actually receive their benefits. We have worked with the State to set up a credit card pilot project for home delivery clients here in Maryland. This project obviates the need for WIC clients to travel to the WIC office on a monthly or bimonthly basis to pick up vouchers. It addresses accountability concerns while lowering obstacles to participation, especially for working mothers and those who can ill afford transportation and child-care costs.

Preliminary results indicate that the project works. Delivery companies report successful delivery rates of over 90 percent for their credit card clients but only 50–75 percent for their noncredit card clients. Unfortunately, the USDA has been less than receptive to the project and it is now in jeopardy of being shut down. We urge committee members to assure that this does not happen.

Through this two-pronged approach—increasing Federal funding levels and devising creative, innovative program delivery methods—those who need WIC will receive benefits.

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